

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000026723

Entity Name: FASCO SUPPLY II, INC.

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

15951 SADDLEWOOD LN.  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

FASCO SUPPLY II, INC.  
15951 SADDLEWOOD LN  
CAPE CORAL, FL 33991

**New Mailing Address:**

FEI Number: 65-0737876      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATSANDRIS, JOHN J  
15951 SADDLEWOOD LANE  
CAPE CORAL, FL 33914      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KATSANDRIS, JOHN  
Address: 15951 SADDLEWOOD LN  
City-St-Zip: CAPE CORAL, FL 33991

Title: VP  
Name: KATSANDRIS, LECIA  
Address: 15951 SADDLEWOOD LN  
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN KATSANDRIS

P

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date