

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027791

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: FAJANS FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

103 SOLANA RD  
SUITE A  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2349  
PONTE VEDRA BEACH, FL 320042349 US

**New Mailing Address:**

FEI Number: 59-3437678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FAJANS, ROBERT G  
103 SOLANA RD  
SUITE A  
PONTE VEDRA BEACH, FL 32082 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: D ( ) Delete  
Name: FAJANS, ROBERT  
Address: 3259 OLD BARN ROAD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FAJANS, ROBERT G  
Address: 3259 OLD BARN ROAD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Change (X) Addition  
Name: SWAIN, JOHN R  
Address: 236 SOUTH MILL RIDGE TRAIL  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Change (X) Addition  
Name: SWAIN, PATRICIA F  
Address: 236 SOUTH MILL RIDGE TRAIL  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Change (X) Addition  
Name: FAJANS, LYNDAL  
Address: 3259 OLD BARN ROAD, WEST  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT G. FAJANS

D

04/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date