


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # 239264 1. Entity Name FEGERS ENTERPRISES, INC.	
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Principal Place of Business 3058 TAMiami TRAIL PO BOX 494640 PORT CHARLOTTE, FL 33952	Mailing Address PO BOX 494640 PORT CHARLOTTE, FL 33949-4640
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0934223	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEST, WILLIAM F 3058 TAMiami TRAIL PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST WEST, FERN E 3058 TAMiami TRAIL PORT CHARLOTTEE, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEST, WILLIAM F 3058 TAMiami TRAIL PORT CHARLOTTEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WEST, WILLIAM J 2159 STARLITE LAME PT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMBERN, ARLENE 17076 BANKS AVE. PT. CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/06/07-80019-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fern E. West (FERN E. WEST) **2-19-07** **944-625-9623**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #