


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 250371 -</b> 1. Entity Name FERGUSON'S, INC.	
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Principal Place of Business 1315 W. NEW HAVEN AVE MELBOURNE, FL 32934 US	Mailing Address P.O BOX 1166 MELBOURNE, FL 32902-1166 US
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**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0939564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  SMITH, STEPHEN 1900 S HARBOR CITY BLVD STE 227 MELBOURNE, FL 32901
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**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.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERGUSON, S. DEREK 1315 W. NEW HAVEN AVE. W. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERGUSON, GENE 1315 W NEW HAVEN AVE W MELBOURNE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FERGUSON, CHERYL 1315 W. NEW HAVEN AVE. W. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERGUSON, DEREN S 1315 W. NEW HAVEN AVE. W. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/19/05-20004-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Cheryl Ferguson **Cheryl Ferguson** **4/15/05** **(321) 723-5425**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #