

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90031 005 ***150.00

DOCUMENT # 261126

1. Entity Name
FER-MAR ENTERPRISES, INC.



Principal Place of Business
**3801 SE FEDERAL HIGHWAY
STUART, FL 34997**

Mailing Address
**3801 SE FEDERAL HIGHWAY
STUART, FL 34997 US**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1100786

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WALLACE, KATHLEEN
1472 S. OCEAN BLVD
PALM BCH, FL 33480**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALLACE KATHLEEN
STREET ADDRESS	1472 S. OCEAN BLVD
CITY-ST-ZIP	PALM BCH, FL
TITLE	S
NAME	SMITH, WILLIAM F.
STREET ADDRESS	PO BOX 190050
CITY-ST-ZIP	ATLANTA, GA 31119
TITLE	T
NAME	SMITH, JAY
STREET ADDRESS	3191 NORTHWOODS DRIVE
CITY-ST-ZIP	GREENSBORO, GA 30642
TITLE	VP
NAME	SMITH, TIMOTHY F
STREET ADDRESS	USIS EMBASSY, UNIT 45004
CITY-ST-ZIP	APO, AP 05
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN S. WALLACE

2/26/04

Date

772-283-

Daytime Phone #

6000

~~X-300~~