2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 261126

1. Entity Name
FER-MAR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3801 SE FEDERAL HIGHWAY STUART, FL 34997	3801 SE FEDERAL HIGHWAY STUART, FL 34997 US

03212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1100786
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: Kathleen Wallace 4/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000503339
04/26/06-80052-014 150.00

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	

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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: Kathleen S. Wallace 4/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #