

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 366989

Entity Name: FASON, INC.

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

4148 MANCHESTER LAKE DRIVE
LAKE WORTH, FL 33467 US

New Principal Place of Business:

4148 MANCHESTER LAKE DRIVE
LAKE WORTH, FL 33449 US

Current Mailing Address:

4148 MANCHESTER LAKE DRIVE
LAKE WORTH, FL 33467 US

New Mailing Address:

4148 MANCHESTER LAKE DRIVE
LAKE WORTH, FL 33449 US

FEI Number: 59-1361260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERZFELD, EDNA
4148 MANCHESTER LAKE DRIVE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

HERZFELD, EDNA
4148 MANCHESTER LAKE DRIVE
LAKE WORTH, FL 33449 US

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: EDNA HERZFELD

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: HERZFELD, EDNA
Address: 4148 MANCHESTER LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP/D () Delete
Name: ROSS, PAULA
Address: 4148 MANCHESTER LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: STD () Delete
Name: HERZFELD, GARY
Address: 4148 MANCHESTER LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: HERZFELD, EDNA
Address: 4148 MANCHESTER LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 33449 US

Title: VP/D (X) Change () Addition
Name: ROSS, PAULA
Address: 4148 MANCHESTER LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 33449 US

Title: STD (X) Change () Addition
Name: HERZFELD, GARY
Address: 4148 MANCHESTER LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 33449 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY HERZFELD

STD

01/03/2008

Electronic Signature of Signing Officer or Director

Date