

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 366989

Entity Name: FASON, INC.

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4148 MANCHESTER LAKE DRIVE  
LAKE WORTH, FL 33449 US

**New Principal Place of Business:**

**Current Mailing Address:**

4148 MANCHESTER LAKE DRIVE  
LAKE WORTH, FL 33449 US

**New Mailing Address:**

FEI Number: 59-1361260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GARY HERZFELD

STD

04/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date