## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 26, 2007 8:00 am **Secretary of State DOCUMENT #510026** 03-26-2007 90300 001 \*\*\*300.00 1. Entity Name FASCO, INC. the state of the state of Mailing Address Principal Place of Business 3615 E.7TH AVENUE 3615 E.7TH AVENUE P.O.BOX 5646 P.O.BOX 5646 TAMPA, FL 33675 TAMPA, FL 33675 No Chg-P CR2E034 (11/05) 01032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1679541 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KERSHNER, ROBERT N DO NOT WRITE 1305 BELL SHOALS RD BRANDON, FL 33511 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE KERSHNER, ROBERT N NAME 1305 BELLE SHOALS RD. STREET ADDRESS CITY-ST-ZIP BRANDON, FL 00000, TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

ROBERT N. KERSINNER 3/22/07 813.

**FILED**