

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90009 018 ***150.00

DOCUMENT # 546858

1. Entity Name
F P C, INC.



Principal Place of Business
2200 CORPORATE BOULEVARD NORTHWEST
SUITE 210
BOCA RATON, FL 33431 US

Mailing Address
2200 CORPORATE BOULEVARD NORTHWEST
SUITE 210
BOCA RATON, FL 33431 US



01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

FPC, Inc. % Neil D. Schwartz

FPC, Inc.

Suite, Apt. #, etc.
7283 SARIMENTO PLACE

Suite, Apt. #, etc.
P.O. Box 810426

City & State
DELRAY BEACH, FL.

City & State
BOCA RATON, FL.

Zip
33446

Country
US

Zip
33481-0426

Country
US

4. FEI Number
59-1764397

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

Name
NEIL D. SCHWARTZ

Street Address (P.O. Box Number is Not Acceptable)

7283 SARIMENTO PLACE

City DELRAY BEACH FL Zip Code 33446

SCHWARTZ, NEIL D.
2200 CORPORATE BOULEVARD NORTHWEST
SUITE 210
BOCA RATON, FL 33431

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 *Neil D. Schwartz, Pres* NEIL D. SCHWARTZ, Pres DATE 1/12/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SCHWARTZ, NEIL D.
2200 CORPORATE BOULEVARD NORTHWEST #210
BOCA RATON, FL 33431 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SCHWARTZ, NEIL D.
7283 SARIMENTO PLACE
DELRAY BEACH, FL. 33446 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Neil D. Schwartz, Pres* NEIL D. SCHWARTZ, Pres 1/12/04 (561) 620-5105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #