

**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**



2. Principal Place of Business  
**FPC, INC % NEIL D. SCHWARTZ**  
 Suite, Apt. #, etc.  
**7283 SACRAMENTO PLACE**

3. Mailing Address  
**FPC, INC.**  
 Suite, Apt. #, etc.  
**P.O. Box 810426**

01082004 Chg-P CR2E034 (10/03)

City & State  
**DELRAY BEACH, FL.**

City & State  
**BOCA RATON, FL.**

4. FEI Number  
**59-1764397**

Zip  
**33446**

Country  
**US**

Zip  
**33481-0426**

Country  
**US**

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

**6. Name and Address of Current Registered Agent**

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

Name  
**NEIL D. SCHWARTZ**

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

**7283 SACRAMENTO PLACE**

City **DELRAY BEACH** FL Zip Code **33446**

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**

Signature, typed or printed name of registered agent applicable. (NOTE: Registered Agent signature required when reinstating)

**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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHWARTZ, NEIL D. 7283 SACRAMENTO PLACE DELRAY BEACH, FL. 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #