

2007 FOR PROFIT CORPORATION ANNUAL REPORT


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Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90175 048 ***150.00

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04012007 Chg-P CR2E034 (12/06)

DOCUMENT # 546858			
1. Entity Name F P C, INC.			
Principal Place of Business FPC INC. C/O NEIL D. SCHWARTZ 7283 SARIMENTO PLACE DELRAY BEACH, FL 33446 US		Mailing Address FPC. INC PO BOX 810426 BOCA RATON, FL 33481 US	
2. Principal Place of Business - No P.O. Box # 13258 SOCANA BEACH COVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL		City & State	
Zip 33446	Country US	Zip	Country
4. FEI Number 59-1764397		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, NEIL D. 7283 SARIMENTO PLACE DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name NEIL D. SCHWARTZ Street Address (P.O. Box Number is Not Acceptable) 13258 SOCANA BEACH COVE 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 <i>Neil D. Schwartz</i> 3/31/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. 7283 SARIMENTO PLACE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHWARTZ, NEIL D. 13258 SOCANA BEACH COVE DELRAY BEACH FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 NEIL D. SCHWARTZ <i>Neil D. Schwartz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/31/07 (121) 620-8005 Daytime Phone #	

New Address