

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90014 032 ***150.00

DOCUMENT # 591476

1. Entity Name
FADS, INC.



Principal Place of Business

**C/O DAVID VOGEL
2440 WINDING CREEK CIRCLE APT 303
CLEARWATER, FL 33761 US**

Mailing Address

**C/O DAVID VOGEL
2440 WINDING CREEK CIRCLE APT 303
CLEARWATER, FL 33761 US**



08102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2071159

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VOGEL, DAVID
2440 WINDING CREEK CIRCLE
APT 303
CLEARWATER, FL 34621**

**CLEARWATER FL
33761**

**DO NOT WRITE
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.

SIGNATURE

David Vogel *Pro. David Vogel*

Signature, typed or printed name of registered agent and if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

8/10/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
VOGEL, DAVID
2440 WINDING CREEK CIR, #303
CLEARWATER, FL 34621**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

David Vogel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/04

Date

727-797-9060

Daytime Phone #