


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000000862 1. Entity Name FSQ, INC.	
---	---

Principal Place of Business 400 CENTRE STREET NEWTON, MA 02458	Mailing Address 400 CENTRE STREET NEWTON, MA 02458
--	--



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3499664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
--

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BENTON, EVRETT W 400 CENTRE STREET NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCOO ESPOSITO, ROSEMARY RN 400 CENTRE STREET NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HUGHES, MARYANN 400 CENTRE STREET NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO MACKEY, BRUCE J 400 CENTRE STREET NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PORTNOY, BARRY M 400 CENTRE STREET NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000363240 05/05/05-80151-013 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Bruce Mackey** 4/28/05 617-796-8387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #