

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90225 033 \*\*\*150.00

**DOCUMENT # F93000000651**

1. Entity Name

F.D.E., INC.



Principal Place of Business  
2250 PLUCKEBAUM RD  
COCOA FL 32926

Mailing Address  
PO BOX 3724  
COCOA FL 32924

2. Principal Place of Business

23 Paul Rene Dr.

Suite, Apt. #, etc.

3. Mailing Address

23 Paul Rene Dr.

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32904

Country

USA

City & State

Melbourne, FL

Zip

32904

Country

USA

4. FEI Number

16-1404059

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLSWORTH, PATRICIA M  
2250 PLUCKEBAUM RD  
COCOA FL 32926

7. Name and Address of New Registered Agent

Name Ellsworth, Patricia M.

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

23 Paul Rene Dr.

City

Melbourne

FL

Zip Code

32904

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

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME ELLSWORTH, PATRICIA M  
STREET ADDRESS 2250 PLUCKEBAUM RD  
CITY-ST-ZIP COCOA FL 32926 ☐ Delete

TITLE VT  
NAME ELLSWORTH, FLOYD  
STREET ADDRESS 2250 PLUCKEBAUM RD  
CITY-ST-ZIP COCOA FL 32926 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME Ellsworth, Patricia  
STREET ADDRESS 23 Paul Rene Dr.  
CITY-ST-ZIP Melbourne, FL 32904 ☒ Change ☐ Addition

TITLE VT  
NAME Ellsworth, Floyd  
STREET ADDRESS 23 Paul Rene Dr.  
CITY-ST-ZIP Melbourne, FL 32904 ☒ Change ☐ Addition

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

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

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

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:

Patricia Ellsworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/05

Date

(321) 403-5554

Daytime Phone #