


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90006 035 \*\*\*150.00

**DOCUMENT # F94000004923**

1. Entity Name  
**FAGEN'S INC.**



Principal Place of Business <b>9000 BROOK TREE ROAD PO BOX 658  ATTENTION: LIZ AFFUSO  WEXFORD, PA 15090 US</b>	Mailing Address <b>9000 BROOKTREE RD.  P.O. BOX 658  WEXFORD, PA 15090</b>
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**54037166**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>25-1482089</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDC FAGEN, JACK 9000 BROOKTREE RD. WEXFORD, PA 15090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASSAGLIA, LOU 9000 BROOKTREE RD. WEXFORD, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VARGO, SAMUEL J 9000 BROOKTREE RD. WEXFORD, PA 15090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARDEN, GARVIN 9000 BROOKTREE RD. WEXFORD, PA 15090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARL COHEN 9000 BROOKTREE RD, SUITE 101 WEXFORD, PA 15090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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: *Samuel J Vargo* **SAMUEL J VARGO** 1/20/04 724-935-3700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #