


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90389 011 ***150.00

DOCUMENT # F94000004923

1. Entity Name
FAGEN'S INC.



Principal Place of Business Mailing Address

9000 BROOK TREE ROAD PO BOX 658 **9000 BROOKTREE RD.**
ATTENTION: LIZ AFFUSO **P.O. BOX 658**
WEXFORD, PA 15090 US **WEXFORD, PA 15090**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40000



01162006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

25-1482089 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTDC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAGEN, JACK		NAME		
STREET ADDRESS	9000 BROOKTREE RD.		STREET ADDRESS		
CITY-ST-ZIP	WEXFORD, PA 15090		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASSAGLIA, LOU		NAME		
STREET ADDRESS	9000 BROOKTREE RD.		STREET ADDRESS		
CITY-ST-ZIP	WEXFORD, PA		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VARGO, SAMUEL J		NAME		
STREET ADDRESS	9000 BROOKTREE RD.		STREET ADDRESS		
CITY-ST-ZIP	WEXFORD, PA 15090		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARDEN, GARVIN		NAME		
STREET ADDRESS	9000 BROOKTREE RD.		STREET ADDRESS		
CITY-ST-ZIP	WEXFORD, PA 15090		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, CARL		NAME		
STREET ADDRESS	9000 BROOKTREE RD STE 101		STREET ADDRESS		
CITY-ST-ZIP	WEXFORD, PA 15090		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **Samuel J Vargo** 1/23/06 (724) 935-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #