


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000001358
 1. Entity Name
 FAULKNER HOLDINGS LIMITED, INC.



Principal Place of Business 11300 US HWY ONE #203 NORTH PALM BEACH, FL 33408	Mailing Address 11300 US HWY ONE #203 NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



02252004 No Chg-P CR2E034 (10/03)


4. FEI Number 65-0735217	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 FRICKER, H M
 11300 US HWY ONE #203
 NORTH PALM BEACH, FL 33408

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  H. Max Fricker 3/10/04
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, 2004 Fee will be \$550.00

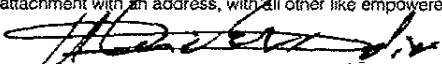
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000108421
 U4/12/U4-80002-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDC FRICKER, H M 11300 US HWY ONE #203 NORTH PALM BEACH, FL 33408
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  H. Max Fricker 3/10/04 561-625-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #