


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90079 049 \*\*\*150.00

<b>DOCUMENT # F99000003061</b> 1. Entity Name <b>FC CAPITAL CORP.</b>					
Principal Place of Business <b>400 COLUMBUS AVE. VALHALLA, NY 10595</b>			Mailing Address <b>6400 IMPERIAL DRIVE PO BOX 8216 WACO, TX 76714-8216 US</b>		
2. Principal Place of Business <b>6400 Imperial Drive</b>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Waco TX</b>			City & State		
Zip <b>76712</b>		Country <b>McLennan</b>		Zip	
Country		4. FEI Number <b>74-2846797</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing, Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11.</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SARTAIN, JAMES T</b> <b>6400 IMPERIAL DR PO BOX 8216</b> <b>WACO, TX 767148216</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RAY, MARGIE</b> <b>6400 IMPERIAL DRIVE PO BOX 8216</b> <b>WACO, TX 767148216</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAWKINS, JAMES R</b> <b>6400 IMPERIAL DRIVE PO BOX 8216</b> <b>WACO, TX 767148216</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: <b>James T. Sartin</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
DATE: <b>2/7/2005</b> <small>Date</small>			DAYTIME PHONE: <b>(254) 751-1750</b> <small>Daytime Phone #</small>		

20014102



02022005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**

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

10. OFFICERS AND DIRECTORS

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CITY-ST-ZIP  
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**WACO, TX 767148216**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11.

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