

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G37375

FILED
Jan 10, 2006
Secretary of State

Entity Name: FACILITY MANAGEMENT CORPORATION OF AMERICA

Current Principal Place of Business:

402 S NORTH LAKE BLVD
SUITE 1004
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

402 S NORTH LAKE BLVD
SUITE 1004
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WAYSON, DRAKE
402 S NORTH LAKE BLVD
SUITE 1004
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DSTV () Delete
Name: WAYSON, JAYNE D.,
Address: 400 E. COLONIAL DR. APT 402
City-St-Zip: ORLANDO, FL 32803

Title: DP () Delete
Name: WAYSON, DRAKE W.,
Address: 3408 FOX MEADOW CT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DRAKE WAYSON

PRES

01/10/2006

Electronic Signature of Signing Officer or Director

Date