# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2005**
**Secretary of State**

DOCUMENT# H17748

**Entity Name:** FPI, INC.

**Current Principal Place of Business:**

329 N.BROAD ST.
P.O.BOX 997
THOMASVILLE, GA 31799

**New Principal Place of Business:**

**Current Mailing Address:**

329 N.BROAD ST.
P.O.BOX 997
THOMASVILLE, GA 31799

**New Mailing Address:**

**FEI Number: 58-1581686** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROCTOR, M. JULIAN, JR.
227 SOUTH CALHOUN ST.
TALLAHASSEE, FL 32302 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: AA ( ) Delete
Name: FALLIN, THERESA L
Address: 118 BAY DR
City-St-Zip: THOMASVILLE, GA 31799

Title: CPT ( ) Delete
Name: FLOWERS, LANGDON S.,, JR.
Address: 3 WOODLAKES DR.
City-St-Zip: THOMASVILLE, GA

Title: S ( ) Delete
Name: FLOWER, AMANDA T,
Address: 476 WOODLAKES RD
City-St-Zip: THOMASVILLE, GA 31792

Title: S ( ) Delete
Name: FLOWERS, AMANDA T
Address: 476 WOODLAKES RD
City-St-Zip: TALLAHASSEE, FL 31792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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 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: THERESA FALLIN AA 01/21/2005

Electronic Signature of Signing Officer or Director — Date