


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90028 039 ***150.00

DOCUMENT # H80961
 1. Entity Name
FMC ASSOCIATES, INC.



Principal Place of Business Mailing Address
% CHARLES M. FARLEY **% CHARLES M. FARLEY**
451 IBIS LANE **451 IBIS LANE**
SATELLITE BEACH, FL 32937-3702 **SATELLITE BEACH, FL 32937-3702**

2. Principal Place of Business 3. Mailing Address
619 woodbridge Dr. **619 woodbridge Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
cb Pauline Farley

City & State City & State
Melbourne FL **Melbourne FL**
 Zip Country Zip Country
32940 **USA** **32940** **USA**



01232004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
06-1146167 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

FARLEY, PAULINE A. Name
451 IBIS LANE Street Address (P.O. Box Number is Not Acceptable)
SATELLITE BEACH, FL 32937 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing) 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP FARLEY, PAULINE A. 451 IBIS LANE SATELLITE BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Farley, Pauline A. 619 Woodbridge Dr. Melbourne FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Pauline A. Farley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #