2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # H80961 1. Entity Name FMC ASSOCIATES, INC.								01-23-2006	90036 00	02 ***150	0.00
Principal Place of Business 619 WOODBRIDGE DR. MELBOURNE, FL 32940			6	Mailing Address 619 WOODBRIDGE DR. MELBOURNE, FL 32940					- • •	40	
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2. Principal Place of Business			3. 1	3. Mailing Address							
Suite, Apt. #, etc.			- 5	Suite, Apt. #, etc.			01132006	Chg-P	CR2E	034 (11/05)	
City & State				City & State		4. FEI Number Applied For 06-1146167 Not Applicable					
Zip	Country		Z	Zip Cou		itry	Certificate of Status Desired			ditional	
6. Name and Address of Current Re				tered Agent		7. Name an	d Address of New	Registered.			
FARLEY, F	PAULINE	A.		Name							
451 IBIS L	ANE	, FL 32937				Street Address (P.O. Box Number is Not Acceptable)					
Officerie Berton, 12 descri					619 woodbridge Dr.						
						City Me 1bo			FL		3940
 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 Y Tarribuse @ Fashing Signature, typed or printed name of registered agent and bille if alphocable. (NOTE Registered Agent signature required when reinstating). DATE											
Signature, typed or printed name of registored agent and title if alphocable. (NOTE Registored Agent signature required when reinstalling): PILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be											
After Ma	ay 1, 200	6 Fee will be \$550).00	Trust Fund Cont		lded to Fees					
10.					11.	. 1	ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE NAME	PP ☐ Delete TRILE FARLEY, PAULINE A. NAM									☐ Change	☐ Addition
STREET ADDRESS CITY - ST - ZIP	l	DBRIDGE DR. RNE, FL 32940			ET ADDRESS -ST-ZIP						
TITLE	☐ Delete Titl.									☐ Change	Addition
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CITY-ST-ZIP				☐ Delete	CHY	·ST-ZIP				Change	Addition
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TITLE NAME				Defete	HAM	l l				☐ Change	Addition
STREET ADDRESS					9	ET ADDRESS					
12. I hereby c	ertify that the	e information supplied w	ith this fili	inc does not qualify fo	_•	-\$1-ZIP	ed in Chapter 11	9. Florida Statutes	L further cer	tify that the ir	aformation
12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SERIES OR DIRECTOR DATE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SERIES OR DIRECTOR DATE.											