

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J46030**

1. Entity Name  
**FAWLT ENTERTAINMENT, INC.**



Principal Place of Business

1890 A SOUTH TRAIL  
VENICE, FL 34293 US

Mailing Address

631 CORAL DRIVE  
NOKOMIS, FL 34275 US



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0053894</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

DERICO, LARRY VINCENT  
631 CORAL DRIVE  
NOKOMIS, FL 34275

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DTP
NAME	DERICO, LARRY V
STREET ADDRESS	1890 A S. TRAIL
CITY-ST-ZIP	VENICE, FL
TITLE	DSV
NAME	SCHNEIDER, MICHAEL J
STREET ADDRESS	1890 A S. TRAIL
CITY-ST-ZIP	VENICE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000520661  
05/02/06-80103-012 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 OFFICER OR DIRECTOR

Date

Daytime Phone #

*Larry V. DeRico* **Larry V DeRico** **4-15-06** **941-497-1797**