2008 FOR PROFIT CORPORATION

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	ANNUAL	REPORT		Feb 0	1, 2008 08:00
	MENT # J51768			Sec	cretary of Sta
1. Entity Name	ANK F.C.I., INC.				·
Principal Place	of Business	Mailing Address			
2680 SE 80TH		2680 SE 80 STR			
OCALA, FL 34	1480 US	OCALA, FL 34480 US			
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_				01292008 No Chg-P	CR2E034 (11/05)
D'	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
		6		59-2762240	Not Applicable
				5. Certificate of Status Desired [□ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					
FRANK, MATT				DO NOT WR	IT ⊑
2680 S.E. 80TH ST. OCALA, FL 32671			٠.	•	
00/	0207		**	IN THIS SPA	(CE
8. The above n	amed entity submits this statement for the	ne purpose of changing its register	red office or register	ed agent, or both, in the State of Florida	. I am familiar with, and accept
ine obligatio	ns of registered agent.				
SIGNATURE_s	ignature, typed or printed name of registered agent and	title if applicable. (NOTE: Register	ed Agent signature required	when reinstating)	DATE
FILE After May	NOW!!! FEE IS \$150.00 y 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees	
10.	OFFICERS AND DI	RECTORS			**************************************
	FRANK, MATT			A. A.	
	2680 S.E. 80TH ST.				
CITY-ST-ZIP (OCALA, FL		_	ເກີດກາດຊາກ	ו ארוניו
NAME				02/11/08-800	·
STREET ADDRESS CITY-ST-ZIP					
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TITLE			-		
NAME					
STREET ADDRESS					**************************************

12. Thereby certify that the information supplied with this filling 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: &

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3826223170