


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J69776**  
 1. Entity Name  
**FLS INVESTMENTS, INC.**



Principal Place of Business 4815 S FEDERAL HWY C/O MARK C FLOYD FT. PIERCE, FL 34982	Mailing Address 4815 S FEDERAL HWY C/O MARK C FLOYD FT. PIERCE, FL 34982
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**DO NOT WRITE IN THIS SPACE**



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2819975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BECHT, EDWARD W.  
 321 SOUTH SECOND ST  
 FT. PIERCE, FL 34950

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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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOYD, MARK C 4815 S US #1 FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, CHARLES L. 4815 S. U.S. #1 FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISHEWSKI, EDWARD 6100 TELEGRAPH RD TOLEDO, OH 43612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/04/04-80123-021 150.00

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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)(f), 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:** *Mark C. Floyd* **1-20-2004** **772-461-4770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #