

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**DOCUMENT # K86724**

1. Entity Name

FETCO, INC.



Principal Place of Business  
12449 ENTERPRISE BLVD.  
LARGO FL 33773

Mailing Address  
P.O BOX 18802  
CLEARWATER FL 33762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3012908**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

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

MAYO, ROGER C.  
12449 ENTERPRISE BLVD.  
LARGO FL 33773

Name

Street Address (P.O. Box Number is Not Acceptable)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

~~After May 1, 2006 Fee Will Be \$550.00~~

~~Make Check Payable to Florida Department of State~~

**9. Election Campaign Financing**  **\$5.00** May Be  
Trust Fund Contribution.  Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME MAYO, ROGER C.  
STREET ADDRESS 1555 BRIGHTWATER BLVD. NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

Delete

TITLE DST  
NAME MAYO, GERALDINE R.  
STREET ADDRESS 1555 BRIGHTWATERS BLVD NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

Delete

TITLE VD  
NAME MAYO, DARRYL K  
STREET ADDRESS 625 17TH ST NW  
CITY-ST-ZIP ST PETERSBURG FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

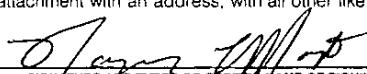
**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **ROGER C. MAYO** **4/10/06** **727-536-7861**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-12-2006 90099 017 \*\*\*150.00



1st MOORE CR2E034 (10/05)