2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 11, 2004 8:00 am Secretary of State

·	ANNUAL REPORT				² Secretary of State				
DOCUMENT # K87554 1. Entity Name F.A.S. CONSTRUCTION CO., INC.					Secretary of State 02-19-2004 90019 024 ***150.00				
Principal Place of Business PMB 218, STATE ROAD 13 N. #26 JACKSONVILLE, FL 32259		Mailing Address PMB 218, STATE ROAD 13 N. #26 JACKSONVILLE, FL 32259			66405555				
ł	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252004	Chg-P	CR2E034 (10)/03)		
City & Stat	е	City & State		4. FEI Numi 59-29	ber 46968			plied For t Applicable	
Zip	Country	Zip	Zip Country		e of Status Desired		5 Addi equired	itional	
	5. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent .					
				···. — · - · ····.					
DAVIS, FRED E -PMB 218; STATE: ROAD-13-N:				Street Address (P.O. Box Number is Not Acceptable)					
#26 JACKSÓNVILLE, FL 32259									
				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 it applicable. (NOTE: Registered Agent signature required when reinstaturg) DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	n Financing bution.	\$5.00 May Be Added to Fees						
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	S/CHANGES TO OFF	FICERS AND DIREC	CTORS	IN 11	
TITLE	PVT	☐ Delete	TITLE			□ CI	hange	☐ Addition	
NAME	DAVIS, FRED E		NAME	•					
STREET ADDRESS CITY-ST-ZIP	PMB 218, STATE ROAD 13 N.; #. JACKSONVILLE, FL 32259	26	STREET ADDRESS CITY-ST-ZIP						
TITLE	SD SD	☐ Delete	TITLE	· · · · · ·				☐ Addition	
NAME	DAVIS, FRED E	C Descue	NAME				anye		
STREET ADDRESS	PMB 218, STATE ROAD 13 N., #	26	STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP						
TITLE_		Delete		م ويونونونون	war e sa		hange,	Addition	
NAME STREET ADDRESS			STREET ADDRESS						
_CITY-ST-ZIP-			- CITY-ST-ZIP			······································		=====	
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NAME	}	- Half Delititi	NAME					الماسون. و	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	<u></u>					
TITLE NAME		☐ Delete	TITLE NAME				hange	Addition	
PROPER ADDRESSO	ነ		EXPERT ADDRESS		•				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 propowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04

904-287-1030

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