2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 08:00 AM Secretary of State

ANNUAL REPURT						Secretary of State				
DOCUMENT # L22437 1. Entity Name FERNETY DAVID COMMUNICATIONS, INC.							, a. 1 y . 0 .	~ •		
Principal Place of Business Mailing Address				<u> </u>	7					
519 N WASHINGTON ST JACKSONVILLE, FL 32202 US		519 N. WASHINGTON ST. JACKSONVILLE, FL 32202 US		[2 M 17 M 1 M 17 M	21 	e skorf Wibit widte	17811 218 17 218 11	last fi isar		
2. Principal P	Place of Business	3. Mailing Address								
Surte, Apt. #, etc.		Suite, Apt. #, etc.			03282005	Chg-P	CR2E034	(10/03)	٠	
City & State		City & State		4. FEI Number 59-2970				plied For t Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate of	of Status Desired		B.75 Addi e Required		
}	6. Name and Address of Curren	Registered Agent	<u> </u>		7. Name and	Address of New R	legistered Ag	ent		
האאות בב	REUN IB			Name				_	à	
DAVID, FRED N., JR. 519 N. WASHINGTON ST. JACKSONVILLE, FL 32202				Street Address	(P.O. Box Numbel	is Not Acceptable	∍)		- V =	
1	·)						
				City			FL	Zip Code		
8 The shows	named entity submits this statement t	or the numose of changing	ts register	ed office or registe	red agent or both	in the State of Fir	-, -	nillar with		
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, types or printed name of registered agent and title if applicable. (NOTE Registered Agent signature reducted when regulating) OATE										
<u> </u>	Signature, 19,000 or printed states of registered ages	1 200 41-0 11 245010-20-00-00-00-00-00-00-00-00-00-00-00-00	or ragater	so Agen agnature ractine	or winest (distrassida)		- UAIE	<u></u>		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Camp Trust Fund Co			.00 May Be ded to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND D	IRECTÓRS	1N 11	
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CITY-ST-ZIP		7/	•	FET ADDRESS 7-ST-ZIP						
	certify that the information supplied with	h this filing does not qualify			ection 119.07(3)(i)	. Florida Statutes	I further certify	that the in	formation	
indicated of the col changed	certify that the information supplied will don this report or supplemental report rporation or the receiver or trustee emit, i, or on an attachment with an address	is true and accurate and that covered to execute this repo with all other like empowers	t my signa irt as requ id.	ature shall have the ired by Chapter 60	same legal effect 7, Florida Statutes	as if made under of and that my name	oath; that I am e appears in E	an officer of Block 10 or	or director Block 11 if	