

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L73170

1. Entity Name
 FAIRCO FINANCE, INC.



Principal Place of Business
 700 E. SUNRISE BLVD.
 STE. B
 FT. LAUDERDALE, FL 33304 US

Mailing Address
 700 E. SUNRISE BLVD.
 STE. B
 FT. LAUDERDALE, FL 33304 US



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0191724

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

KING, W CLAY
 700 E. SUNRISE BLVD.
 FT. LAUDERDALE, FL 33304

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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 _____ DATE _____
Signature, typed or printed name of registered agent and (file if applicable). (NOTE: Registered Agent signature required when restating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000346743
 04/30/05-80087-022 158.75

10. OFFICERS AND DIRECTORS

TITLE: DV
 NAME: APPLEBY, A EDWARD
 STREET ADDRESS: 700 E. SUNRISE BLVD., STE. B
 CITY-ST-ZIP: FT. LAUDERDALE, FL

TITLE: VTS
 NAME: FRANCIS, KIRK J
 STREET ADDRESS: 700 E. SUNRISE BLVD., STE. B
 CITY-ST-ZIP: FT. LAUDERDALE, FL

TITLE: PD
 NAME: CLAY KING
 STREET ADDRESS: 700 E. SUNRISE BLVD., STE. B
 CITY-ST-ZIP: FORT LAUDERDALE, FL 33304

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

DO NOT WRITE IN THIS SPACE

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: [Signature] Kirk J Francis VP 4/26/05 954-760-6393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #