


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L91771 1. Entity Name F W T, INC.	
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Principal Place of Business 650 N. WICKHAM ROAD MELBOURNE, FL 32935	Mailing Address 650 N. WICKHAM ROAD MELBOURNE, FL 32935
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3013349	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CALABRESE, FRANK 555 GLEN CHEEK DR PORT CANAVERAL, FL 32920
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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.	07/20/05-80007-007 150.00
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALABRESE, FRANK 540 PARKSIDE DR MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CALABRESE, MARYELLEN 540 PARKSIDE DR MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALABRESE, JOSEPH 2564 HAMLIN ST NE PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLUGEL, ELLEN 1465 SYKES CREEK DRIVE MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 empowered.	
SIGNATURE: <u>Joseph Calabrese</u> <u>Joseph Calabrese</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>7/15/05</u> <u>321 255-7912</u> <small>Date Daytime Phone #</small>