

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 09, 2004 08:00 AM  
Secretary of State

DOCUMENT # L93103

1. Entity Name  
FACT INVESTMENTS, INC.



Principal Place of Business  
1166 KERSFIELD CIRCLE  
LAKE MARY, FL 32746

Mailing Address  
1166 KERSFIELD CIRCLE  
LAKE MARY, FL 32746



03042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3029286

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, FRANK J.  
1166 KERSFIELD CIRCLE  
HEATHROW, FL 32746

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000082552  
03/09/04-80036-012 158.75

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
THOMAS, FRANK J.  
1166 KERSFIELD CIRCLE  
HEATHROW, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
THOMAS, FRANK J.  
1166 KERSFIELD CIRCLE  
HEATHROW, FL 32746

TITLE  
NAME  
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CITY-ST-ZIP

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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 1907(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-04 407-333-3305