## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 13, 2006 8:00 am **Secretary of State** DOCUMENT # L94780 02-13-2006 90024 034 \*\*\*150.00 FUTURE FACSIMILE TECHNOLOGIES, INC. Principal Place of Business Mailing Address 36126 HICKORY ST FRUITLAND PARK FL 34731 36126 HICKORY ST FRUITLAND PARK FL 34731 2. Principal Place of Business 3. Mailing Address 3511 WEDGEWOOD LANE 3511 WESGEWOOD LANE Suite, Apt. # etc# 101 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) #101 City & State 4. FEI Number Applied For FLORIDA FLORIDA 59-3019851 LADY LAKE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2162 37162 .ک. *۸*۰ U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARROLL AMES CARROLL, JAMES P 36126 HICKORY ST FRUITLAND PARK FL 34731 ADU LAKE 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. PRESIDEN SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT JAMES PATRICK GS8 JOHNA LANE M Detete TITLE TITE F Change Change ☐ Addition NAME CARROLL, JAMES PATRICK NAME 36126 HICKORY ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK FL CITY-ST-ZIP LADY LAKE 32<u>162</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete \_Change\_ □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 appreas, with all other like empowered.

JAMES P. CARAOLL

**SIGNATURE** 

FILED