



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90168 044 ***150.00

DOCUMENT # M65014 1. Entity Name FESCO ASSOCIATES, INC.					
Principal Place of Business 2008 HARBOURSIDE DRIVE SUITE 1901 LONGBOAT KEY, FL 34228 US			Mailing Address 2008 HARBOURSIDE DR #1901 LONGBOAT KEY, FL 34228 US		
2. Principal Place of Business 5358 DRUM CASTLE PKWY		3. Mailing Address 5358 DRUM CASTLE PKWY.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01032005 Chg-P CR2E034 (10/03)	
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 65-0031632	
Zip 34238		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REYNOLDS, PATRICIA C. 2008 HARBOURSIDE DRIVE, UNIT 1901 LONGBOAT KEY, FL 34228			7. Name and Address of New Registered Agent Name PATRICIA C. REYNOLDS Street Address (P.O. Box Number is Not Acceptable) 5358 DRUM CASTLE PARKWAY City SARASOTA FL Zip Code 34238		
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 <i>Patricia C. Reynolds</i> DATE 3/1/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST REYNOLDS, PATRICIA C. 2008 HARBOURSIDE, #1901 LONGBOAT KEY, FL	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, PATRICIA C. 2008 HARBOURSIDE, #1901 LONGBOAT KEY, FL	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYNOLDS, GEORGE O. 2008 HARBOURSIDE, #1901 LONGBOAT KEY, FL	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Patricia C. Reynolds</i> PATRICIA C. REYNOLDS 3/1/05 941-929-7006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					