

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003301

FILED
May 02, 2005
Secretary of State

Entity Name: F.A.S.T. & ASSOCIATES, INC.

Current Principal Place of Business:

502 LONG PINE DR.
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

502 LONG PINE DR.
TALLAHASSEE, FL 32305

New Mailing Address:

FEI Number: 59-3716986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AUSTIN, FELICIA C
502 LONG PINE DR.
TALLAHASSEE, FL 32305 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CFOD () Delete
Name: MEDINA, TINA DR.
Address: 2929 METROPOLITAN AVENUE
City-St-Zip: KANSAS CITY, KS 66103

Title: VD () Delete
Name: JOHNS, SCHLONDRA C
Address: 311 LOS ALTOS WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: COOD () Delete
Name: LEAVELL, ANTHONY
Address: 3241 WHITNEY DRIVE WEST
City-St-Zip: TALLAHASSEE, FL 32309

Title: ST () Delete
Name: CHAIRES, SHANTEL M
Address: 502 LONG PINE DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

Title: TT () Delete
Name: SHORTER, HELEN W
Address: 7318 SCYAMORE ROAD
City-St-Zip: QUINCY, FL 32351

Title: PCEO () Delete
Name: AUSTIN, FELICIA C
Address: 502 LONG PINE DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELICIA AUSTIN

PCEO

05/02/2005

Electronic Signature of Signing Officer or Director

Date