

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90987 016 ****61.25

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DOCUMENT # N03000005505 1. Entity Name F F O, INC.																																																																																																																																							
Principal Place of Business 22 N. WASHINGTON AVE. TITUSVILLE, FL 32796 US		Mailing Address 22 N. WASHINGTON AVE. TITUSVILLE, FL 32796 US																																																																																																																																					
2. Principal Place of Business 205 Palmetto Concourse Suite, Apt. #, etc.		3. Mailing Address 205 Palmetto Concourse Suite, Apt. #, etc.																																																																																																																																					
City & State Longwood, Florida Zip 32779 Country Seminole		City & State Longwood, Florida Zip 32779 Country Seminole																																																																																																																																					
4. FEI Number 43-2020436		Applied For ☐ Not Applicable																																																																																																																																					
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent TAYLOR, RICHARD 3150 N. WICKHAM ROAD SUITE 3 MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																					
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																					
Make check payable to Florida Department of State																																																																																																																																							
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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 617, 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 4-29-05 (407) Daytime Phone # 702-5440																																																																																																																																					