

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008672

FILED
Feb 11, 2004
Secretary of State**Entity Name:** FAIR BID, INC.**Current Principal Place of Business:**1640 OVERLOOK DRIVE
LONGWOOD, FL 32750 US**New Principal Place of Business:****Current Mailing Address:**1640 OVERLOOK DRIVE
LONGWOOD, FL 32750 US**New Mailing Address:****FEI Number:** 90-0112279**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DEVORE, ROSA L
685-B GEORGIA AVENUE
LONGWOOD, FL 32750 US**Name and Address of New Registered Agent:**

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:** P (X) Delete
Name: PATE, THOMAS A
Address: 1640 OVERLOOK DRIVE
City-St-Zip: LONGWOOD, FL 32750 US**Title:** VP () Delete
Name: KIRSCH, PAUL
Address: 910 DON WILSON DRIVE
City-St-Zip: APOPKA, FL 32712 US**Title:** S/T () Delete
Name: REAGAN, WILLIAM D
Address: 545 WEST UNIVERSITY DRIVE
City-St-Zip: DELAND, FL 32720 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P/VP (X) Change () Addition
Name: KIRSCH, PAUL
Address: 910 DON WILSON DRIVE
City-St-Zip: APOPKA, FL 32712 US**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: PAUL KIRSCH

P/VP

02/11/2004

Electronic Signature of Signing Officer or Director_____
Date