

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90025 029 \*\*\*\*61.25

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<b>DOCUMENT # N04000002319</b> 1. Entity Name <b>FAITHFUL MEN, INC.</b>					
Principal Place of Business <b>7615 GLOUCESTER LANE PARKLAND, FL 33067</b>				Mailing Address <b>7615 GLOUCESTER LANE PARKLAND, FL 33067</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>42-1620254</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WODA, JERRY W 7615 GLOUCESTER LANE PARKLAND, FL 33067</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P, D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SWANSON, PETE	NAME	COUTTS, DAVID		
STREET ADDRESS	9794 ROYAL PALM BLVD.	STREET ADDRESS	5204 WHITE OAK LN.		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	TAMARAC, FL 33319		
TITLE	S, T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WODA, JERRY W	NAME			
STREET ADDRESS	7615 GLOUCESTER LANE	STREET ADDRESS			
CITY-ST-ZIP	PARKLAND, FL 33067	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THALIN, JEFF	NAME			
STREET ADDRESS	1803 NW 80TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COUTTS, JAY	NAME			
STREET ADDRESS	8001 N. UPPER RIDGE DR.	STREET ADDRESS			
CITY-ST-ZIP	PARKLAND, FL 33067	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEYER, JAY	NAME			
STREET ADDRESS	9506 NW 37TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALISTEAN, DAN	NAME			
STREET ADDRESS	1836 NW 69TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP			
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.					
<b>SIGNATURE:</b> <u>Jerry W. Woda</u> <b>Jerry W. Woda</b> <b>1-12-05</b> <b>954-415-5278</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					