


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90218 047 ****61.25

DOCUMENT # N99000003960					
1. Entity Name FCP, INC.					
Principal Place of Business 5540 PARK BLVD STE 3 PINELLAS PARK, FL 33781			Mailing Address 5540 PARK BLVD STE 3 PINELLAS PARK, FL 33781		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RICHARD, JEFFREY 5540 PARK BLVD STE 3 PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent Name <u>JAMES SOUZA</u> Street Address (P.O. Box Number is Not Acceptable) <u>5540 PARK BLVD SUITE 3</u> City <u>PINELLAS PARK</u> FL Zip Code <u>33781</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>April 22, 2004</u>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUMPUS, BARBARA		NAME		
STREET ADDRESS	2172 63 AV S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARKLEY, JOAN		NAME		
STREET ADDRESS	RR 1 BOX 349A		STREET ADDRESS		
CITY-ST-ZIP	PENOBSCOT, ME 04476		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRYE, MARY J		NAME		
STREET ADDRESS	360 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	BANGOR, ME 044020403		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, WALTER DR		NAME		
STREET ADDRESS	63 FOREST DR		STREET ADDRESS		
CITY-ST-ZIP	ORONO, ME 04473		CITY-ST-ZIP		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMONDS, DAVID H		NAME		
STREET ADDRESS	15 COLUMBIA ST		STREET ADDRESS		
CITY-ST-ZIP	BANGOR, ME 04401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS, JOSEPH		NAME		
STREET ADDRESS	28 SEAVERNS AVE		STREET ADDRESS		
CITY-ST-ZIP	JAMAICA PLAIN, MA 02130		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.					
SIGNATURE: <u>[Signature]</u> James Souza April 22, 2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



04192004 Chg-NP CR2E037 (10/03)

4. FEI Number
06-1550711 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required