

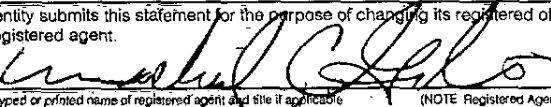
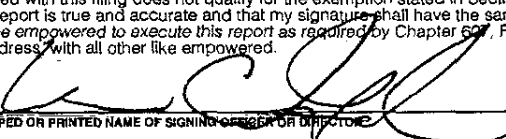


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000002123		
1. Entity Name FYE, INC.		
Principal Place of Business 19 N. EGLIN PKWY 1ST FINANCIAL PLAZA FORT WALTON BEACH, FL 32548		Mailing Address 19 N. EGLIN PKWY 1ST FINANCIAL PLAZA FORT WALTON BEACH, FL 32548
		
08032005 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-3620226		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GALVIN, MICHAEL C 10 DORAL DR. SHALIMAR, FL 32579		
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  6/15/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALVIN, MICHAEL C 10 DORAL DR. SHALIMAR, FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALVIN, MEGAN J 10 DORAL DR. SHALIMAR, FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOUMA, JIMMY E 2800 SAM SNEAD CT. SHALIMAR, FL 325792240	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALKINBURG, DAVID C 205 PINE CONE DR. FORT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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 607, 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:  6/15/05 (850) 864-5577 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

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08/05/05-80007-003 150.00