


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91208 042 ***150.00

DOCUMENT # P00000045259
 1. Entity Name
FORDYCE INVESTMENTS INC.



Principal Place of Business: **3083 ALBIN AVE. N. PORT FL 34286**
 Mailing Address: **3083 ALBIN AVE. N. PORT FL 34286**

2. Principal Place of Business: **7900 LOXLEY AVE.**
 Suite, Apt. #, etc.

3. Mailing Address: **7900 LOXLEY AVE.**
 Suite, Apt. #, etc.

City & State: **NORTH PORT, FL.**
 Zip: **34286** Country

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4. FEI Number: **59-3644732**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
FORDYCE, RANDALL
3083 ALBIN AVE.
N. PORT FL 34286

7. Name and Address of New Registered Agent
 Name: **RANDALL FORDYCE**
 Street Address (P.O. Box Number is Not Acceptable):
7900 LOXLEY AVE.
 City: **NORTH PORT** FL Zip Code: **34286**

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: **RANDALL FORDYCE** *Randall Fordyce* DATE: **4-28-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: D <input type="checkbox"/> Delete	NAME: FORDYCE, RANDALL
STREET ADDRESS: 3083 ALBIN AVE.	CITY-ST-ZIP: N. PORT FL 34286
TITLE: D <input type="checkbox"/> Delete	NAME: FORDYCE, KIMBERLY
STREET ADDRESS: 3083 ALBIN AVE.	CITY-ST-ZIP: N. PORT FL 34286
TITLE: D <input type="checkbox"/> Delete	NAME: FORDYCE, COURTNEY
STREET ADDRESS: 3083 ALBIN AVE.	CITY-ST-ZIP: N. PORT FL 34286
TITLE: D <input type="checkbox"/> Delete	NAME: FORDYCE, CASSIE
STREET ADDRESS: 3083 ALBIN AVE.	CITY-ST-ZIP: N. PORT FL 34286
TITLE: D <input type="checkbox"/> Delete	NAME: FORDYCE, CASEY
STREET ADDRESS: 3083 ALBIN AVE.	CITY-ST-ZIP: N. PORT FL 34286
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: RANDALL FORDYCE
STREET ADDRESS: 7900 LOXLEY AVE.	CITY-ST-ZIP: NORTH PORT, FL 34286
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: KIMBERLY FORDYCE
STREET ADDRESS: 7900 LOXLEY AVE.	CITY-ST-ZIP: NORTH PORT, FL 34286
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: COURTNEY FORDYCE
STREET ADDRESS: 7900 LOXLEY AVE.	CITY-ST-ZIP: NORTH PORT, FL 34286
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: CASSIE FORDYCE
STREET ADDRESS: 7900 LOXLEY AVE.	CITY-ST-ZIP: NORTH PORT, FL 34286
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: CASBY FORDYCE
STREET ADDRESS: 7900 LOXLEY AVE.	CITY-ST-ZIP: NORTH PORT, FL 34286
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	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)(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 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: **Randall Fordyce** *Randall Fordyce* DATE: **4-28-04** DAYTIME PHONE #: **941 423-1885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

