

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000059878

1. Entity Name
FEALY ENTERPRISES, INC.



Principal Place of Business

**11850 NW 31ST PLACE
SUNRISE, FL 33323**

Mailing Address

**P.O. BOX 450807
SUNRISE, FL 33345-0807**

DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1038291

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FEALY, KEVIN P
11850 NW 31ST PLACE
SUNRISE, FL 33323**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	FEALY, KEVIN P
STREET ADDRESS	11850 NW 31ST PLACE
CITY- ST- ZIP	SUNRISE, FL 33323
TITLE	T
NAME	CHIATE, PAUL CPA
STREET ADDRESS	5440 N STATE RD 7, SUITE 208
CITY- ST- ZIP	FT LAUD, FL 33319
TITLE	V
NAME	FEALY, PARIS
STREET ADDRESS	18021 NW 9TH CT
CITY- ST- ZIP	N MIAMI BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000013302
01/26/04-80004-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/04 (954) 578-0443