


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P00000071414 1. Entity Name F.A. PARTNERS, INC.	
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Principal Place of Business 910 EAST 127TH AVE. TAMPA, FL 33612	Mailing Address 910 EAST 127TH AVE. TAMPA, FL 33612
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3668579	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCANELLA, DANIEL V 910 EAST 127TH AVENUE TAMPA, FL 33618

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TYER, STEPHEN J 910 E 127TH AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MONROE, TODD M 910 E 127TH AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SCANELLA, DANIEL V 910 E 127TH AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS PARKER, ROBERT M 910 E 127TH AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WEIGEL, PAUL H 910 E 127TH AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

TRES. 4-23-07

Date Daytime Phone #

PAUL WEIGEL

**DO NOT WRITE
IN THIS SPACE**

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05/17/07-80065-006 158.75