

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90004 005 ***168.75

DOCUMENT # P01000014009

1. Entity Name
FAISON ENTERPRISES, INC.



Principal Place of Business
**523 W. HULL AVE.
OAKLAND, FL 34760**

Mailing Address
**PO BOX 783412
WINTER GARDEN, FL 34787**

50021657



06272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3697755

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FAISON, RINIE
523 W HULL AVE
OAKLAND, FL 34760**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and use if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	FAISON, RINIE F
STREET ADDRESS	523 W HULL AVE
CITY-ST-ZIP	OAKLAND, FL 34760
TITLE	Secretary
NAME	Delia Thurston P.S.
STREET ADDRESS	523 W HULL AVE
CITY-ST-ZIP	OAKLAND FL 34760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: **Rinie Faison**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/06 3212871880
Date Daytime Phone #

ATTACHMENT 50021657 6/27/06
#P01000014069

From: Rini Faison of Faison Enterprises, Inc
P.O. Box 783412
Winter Garden FL 34782

To: Division of Corporations
P.O. Box 6198
Tallahassee FL 32314

To whom it may concern,

I spoke with a rep today regarding the tardy of the company filing. I was told to state the reason, and I was to send a payment of \$150.00 A.S.A.P.

This year was the same as last I didn't get my notice as of yet, but as you may see in sending payment promptly Please except my check in the amount of \$168.75.

I thank you in this matter

Sincerely

Rini Faison