2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000089147

1. Entity Name
FAST ACTION FLEET SERVICE, INC.

Principal Place of Business	Mailing Address
6542 HYPOLUXO RD, PMB 173 W LAKE WORTH, FL 33467	6542 HYPOLUXO RD, PMB 173 W LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

02192004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-1134368		Not Applicable

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

6. Name and Address of Current Registered Agent

SPIGLER, KAREN J
499 NW 70 AVE #105
PLANTATION, FL 33317

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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	U00000089834 03/16/04-80004-025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	FAULKNER, MICHELLE
STREET ADDRESS	6542 HYPOLUXO RD, PMB 173
CITY-ST-ZIP	W LAKE WORTH, FL 33467

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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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: _Michelle Faulkner_   _3/14/04_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #