07/19/2004 12:07 HARRISON, HENDRICKSON, KIRKLAND → 123959

FILED
Jul 23, 2004 8:00 am
Secretary of State
07-23-2004 90004 026 ***550.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000094654

1. Entity Name
FNY, INC.

54064625

Principal Place of Business	Mailing Address
~~975 N. COLLIER BLVD. MARCO ISLAND, FL 34145~~	~~975 N. COLLIER BLVD. MARCO ISLAND, FL 34145~~
2. Principal Place of Business: 15655 VILLORESI WAY	3. Mailing Address: 15655 VILLORESI WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34110 Country: USA ~~COLLIER~~	Zip: 34110 Country: USA

07152004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3747378 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS E & KRISTINA MELANCON
15655 VILLORESI WAY
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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] THOMAS E. MELANCON 7/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 5, 2004

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MELANCON, THOMAS E		NAME		
STREET ADDRESS	15655 VILLORESI WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MELANCON, KRISTINA		NAME		
STREET ADDRESS	15655 VILLORESI WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] THOMAS E. MELANCON 7/20/04 239-513-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #