

07/19/2004

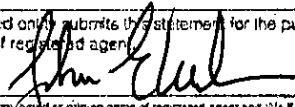
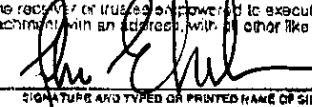
12:07

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.			
Principal Place of Business 975 N. COLLIER BLVD. MARCO ISLAND, FL 34145		Mailing Address 975 N. COLLIER BLVD. MARCO ISLAND, FL 34145	
2. Principal Place of Business 15655 VILLORESI WAY Suite, Apt. #, etc.		3. Mailing Address 15655 VILLORESI WAY Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34110		Country USA	
4. FFI Number 58-3747376		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  THOMAS E. MELANCON		DATE 7/20/04	
FILE NOW! FEE IS \$550.00 Due by September 8, 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 NAME STREET ADDRESS CITY-ST-ZIP	P MELANCON, THOMAS E 15655 VILLORESI WAY NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELANCON, KRISTINA 15655 VILLORESI WAY NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(b), 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 so empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.			
SIGNATURE:  THOMAS E. MELANCON		DATE 7/20/04 239-513-9777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE	

54064625



07152604 Chg-P CR2E054 (10/03)