

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000000992

1. Entity Name
THE FARADAY GROUP, INC.

Principal Place of Business
420 GULF BLVD #302
INDIAN ROCKS BCH, FL 33785

Mailing Address
PO BOX 599
INDIAN ROCKS BCH, FL 33785-0599

DO NOT WRITE IN THIS SPACE

FILED
Apr 07, 2004 08:00 AM
Secretary of State



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
14-1858816

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OLEKSAK, MARK W
420 GULF BLVD #302
INDIAN ROCKS BCH, FL 33785

**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 relating)

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

000000105407
04/07/04-80025-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OLEKSAK, MARK W
420 GULF BLVD #302
INDIAN ROCKS BCH, FL 33785

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACOBS, STEVE
PO BOX 781714
WICHITA, KS 67278

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK W. OLEKSAK
PRESIDENT

4/5/04 (813) 876-7784
Date Daytime Phone #