


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000059579</b>	
1. Entity Name FNI SPECIALTIES, INC.	

Principal Place of Business 175 PRAIRIE DUNE WAY ORLANDO, FL 32828 US	Mailing Address 175 PRAIRIE DUNE WAY ORLANDO, FL 32828 US
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08012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0794555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HORTON, NORRIS 175 PRAIRIE DUNE WAY ORLANDO, FL 32828
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

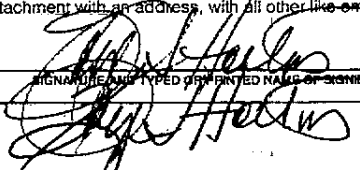
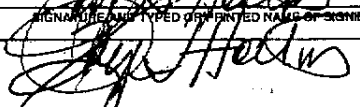
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000172066 09/10/04-80001-020 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, NORRIS H II 175 PRAIRIE DUNE WAY ORLANDO, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, FAYE T 175 PRAIRIE DUNE WAY ORLANDO, FL 32328
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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)(f), 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: 	Faye T. Horton	9/7/2004	407-381-3691
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date	Daytime Phone #
	Faye T. Horton	9/7/2004	407-381-3691