

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-27-2004 90036 049 ***150.00

P03000024459


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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J4064370



MOORE CR2E034 (11/03)

DOCUMENT # P03000024459			
1. Entity Name FAUXSCAPES INC.			
Principal Place of Business 4320 9TH ST W LEIGHT ACRES FL 33971		Mailing Address 4320 9TH ST W LEIGHT ACRES FL 33971	
2. Principal Place of Business 4320 9TH ST W.		3. Mailing Address 4320 9TH ST W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LEHIGH ACRES FL		City & State LEHIGH ACRES FL	
Zip 33971		Country USA	
4. FEI Number 33-1043239		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 HAMAKER, KORY 4320 9TH ST W LEIGHT ACRES FL 33971		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 _____ DATE 6/17/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HAMAKER, KORY 4320 9TH ST W LEIGHT ACRES FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORY HAMAKER 4320 9TH ST W LEHIGH ACRES, FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		6/17/04 239 415 2483 Date Daytime Phone # 8/26	

Attachment

54064970

R & P ASSOCIATES II

1651 MAPLE DRIVE SW

FT. MYERS, FL. 33907-2336518

OFFICE (239)936-7219 (239)936-6664

FAX (239)936-6696

E-MAIL: RPASSOCIATESII@COMCAST.NET

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Dear Sir or Madam:

The client, Kory Hamaker, had not been able to obtain the needed information for the paperwork, since I was sick for 35 days from the beginning of May to June 7th. Then right after that I had to have a nuclear stress test for my cardiac situation. So I was not able to be back in the office till June 17, 2004.

Due to my infirmities the client was not able to accomplish the necessary paperwork for payment on time. Please remove any penalties and/or interest.

If you have any questions, please contact me at the above telephone numbers.

Sincerely,



Ronald B. Weaver
SBT&PA