


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

02-23-2004 90047 034 ***150.00

DOCUMENT # P03000103144					
1. Entity Name FUSION, INC.					
Principal Place of Business 305 GROVE ST 230 N. Grove St. MERRITT ISLAND, FL 32953			Mailing Address 305 GROVE ST 230 N. Grove St. MERRITT ISLAND, FL 32953		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 200233538	
				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			7. Name and Address of New Registered Agent		
Tong HOUSER, KIM 305 GROVE ST 230 N. Grove St MERRITT ISLAND, FL 32953			Name Tong Houser Street Address (P.O. Box Number Is Not Acceptable) 14 Barton Ave 230 N. Grove St City Merritt Island FL Zip Code 32953		
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 Kim Houser		President		DATE 2/15/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00		9. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
After May 1, 2004 Fee will be \$550.00		Trust Fund Contribution			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOUSER, TONG		NAME		
STREET ADDRESS	225 S TROPICAL TRAIL #802		STREET ADDRESS	14 Barton Ave	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOUSER, KIM		NAME	14 Barton Ave	
STREET ADDRESS	225 S TROPICAL TRAIL #802		STREET ADDRESS	Rockledge, FL 32955	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: Kim Houser		President		2/15/04 321-459-1470	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	

66405994



02022004 Chg-P CR2E034 (10/03)