

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90265 025 ***150.00

DOCUMENT # P03000128035

1. Entity Name
FAUX EFFEX, INC.



Principal Place of Business
**53 YACHT CLUB DR.
FORT WALTON BEACH, FL 32548**

Mailing Address
**53 YACHT CLUB DR.
FORT WALTON BEACH, FL 32548**

2. Principal Place of Business

53 YACHT CLUB DR. N.E. 53 YACHT CLUB DR. N.E.

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

City & State

FORT WALTON BEACH FL.

City & State

FORT WALTON BEACH FL.

Zip
32548

Country

Zip
32548

Country

04252004

Chg-P

CR2E034 (10/03)

4. FEI Number

020711762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAUGHT, BRUCE A
385 HIGHWAY 98
SUITE 220
DESTIN, FL 32541**

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

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SMITH, BRIAN
53 YACHT CLUB DR.
FORT WALTON BEACH, FL 32548**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LYNDA SMITH
53 YACHT CLUB DRIVE NE #7
FORT WALTON BEACH FL 32548**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
KEVIN SMITH
53 YACHT CLUB DRIVE N.E. #7
FORT WALTON BEACH FL 32548**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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: **Brian A. Smith** **BRIAN A. SMITH**

4-27-04

850-685-2947