

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000128035



1. Entity Name

FAUX EFFEX, INC.

Principal Place of Business

53 YACHT CLUB DR. NE
FORT WALTON BEACH FL 32548

Mailing Address

53 YACHT CLUB DR. NE
FORT WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0711762

Applied For
Not Applicable

Zip

Country

Zip

Country

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

Name

Douglas T. Ingram

Street Address (P.O. Box Number is Not Acceptable)

912 S. Palm Blvd, Ste E

City

NICEVILLE

FL Zip Code 32578

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] Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-3-05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$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 | PD SMITH, BRIAN 53 YACHT CLUB DR. FORT WALTON BEACH FL 32548 | <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 | V SMITH, LYNDA 53 YACHT CLUB DR. NE #7 FORT WALTON BEACH FL 32548 | <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 | M SMITH, KEVIN 53 YACHT CLUB DR. NE #7 FORT WALTON BEACH FL 32548 | <input checked="" 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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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-05

Date

Daytime Phone #

**FILED
Mar 08, 2005 8:00 am
Secretary of State**

03-08-2005 90169 046 ***150.00



1st MOORE CR2E034 (10/04)