

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90078 023 ***150.00

DOCUMENT # P03000136608

1. Entity Name

FAST FRIENDLY HOME SERVICES, INC.



Principal Place of Business

POST OFFICE BOX 3525
465 FERNANDINA STREET #3
FORT PIERCE FL 34949

Mailing Address

POST OFFICE BOX 3525
465 FERNANDINA STREET #3
FORT PIERCE FL 34949

24003413



MOORE

CR2E034 (4/04)

2. Principal Place of Business

PO Box 3525

3. Mailing Address

Suite, Apt. #, etc.

465 Fernandina St. #3

City & State

Fort Pierce FL

4. FEI Number

#06-1713992

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEFFIELD, DAVID
465 FERNANDINA STREET
#3
FORT PIERCE FL 34949

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHEFFIELD, DAVID
STREET ADDRESS 465 FERNANDINA STREET #3
CITY-ST-ZIP FORT PIERCE FL 34949

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David O. Sheffield

Date

Daytime Phone #

8-30-04

1452