

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90002 045 \*\*\*558.75

DOCUMENT # P03000149708

1. Entity Name

FCF OF CENTRAL FLORIDA CO.



Principal Place of Business

2572 ROBERT TRENT JONES DR.  
 1237  
 ORLANDO FL 32835

Mailing Address

2572 ROBERT TRENT JONES DR.  
 1237  
 ORLANDO FL 32835

54072306



MOORE CR2E034 (4/04)

2. Principal Place of Business

2506 Robert Trent Jones DR

3. Mailing Address

2506 Robert T. Jones DR

Suite, Apt. #, etc.

apt 1130

Suite, Apt. #, etc.

apt. 1130

City & State

Orlando-FL

City & State

Florida/Orlando

4. FEI Number

800084810

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEOLA, FABIO C  
 2572 ROBERT TRENT JONES DR.  
 1237  
 ORLANDO FL 32835

Name: FEOLA, FABIO C  
 Street Address (R.O. Box Number is Not Acceptable): 2506 Robert Trent Jones DR  
 apt 1130  
 Orlando FL 32835

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)

DATE

09-06-04

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	FEOLA, FABIO C	
STREET ADDRESS	2572 ROBERT TRENT JONES DR. #1237	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, CAROLINA	
STREET ADDRESS	2572 ROBERT TRENT JONES DR. #1237	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEOLA, FABIO C.	
STREET ADDRESS	2506, Robert Trent Jones DR, #1130	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE OLIVEIRA, CAROLINA	
STREET ADDRESS	2506, Robert Trent Jones DR, #1130	
CITY-ST-ZIP	ORLANDO - FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-06-04

Date

407-2531164

Daytime Phone #