


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000000821</b> 1. Entity Name F.C.E., INC.	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 24 PM 1:24

Principal Place of Business 109 THAMES PL SW FT. WALTON BEACH, FL 32548	Mailing Address 109 THAMES PL SW FT. WALTON BEACH, FL 32548
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01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0651684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PERRI, DANIEL C 4 ELEVENTH AVE SUITE 1 SHALIMAR, FL 32579
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**DO NOT WRITE  
IN THIS SPACE**

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, 2005 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	PV WATSON, CASS 109 THAMES PL FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATSON, BRENDA 109 THAMES PL FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, ANTHONY 38 CARSON DR FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400049345644  
03/29/05--01025--014 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Cass Watson PV 3-17-05 850-244-5064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #