


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

2/

FILED
Mar 15, 2006 8:00 am
Secretary of State

02-28-2006 90010 018 ****66.25
03-15-2006 90115 024 ****83.75

DOCUMENT # P040000000821	
1. Entity Name 7.C.E. Inc	

DO NOT WRITE IN THIS SPACE

20016353

2. Principal Place of Business 109 THAMES PL SW Suite, Apt. #, etc.	3. Mailing Address 109 THAMES PL Suite, Apt. #, etc.
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CR2E037B (8/05)

City & State Fort Walton Beach Fla.	City & State Fort Walton Beach Fl.	4. FEI Number 20-0651684	Applied For <input type="checkbox"/> Not Applicable
Zip 32548	Country OKLAHOMA	Zip 32548	Country OKLAHOMA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name PERRI DANIEL C	
Street Address (P.O. Box Number is Not Acceptable) 4 ELEVENTH AVE	
Suite 1	
City Shalimar Fla.	FL Zip Code 32548

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

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be**
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV Watson Cass 109 Thames Pl. 77. Walton Beach Fla. 32548	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Watson Brenda 109 Thames Pl Fort Walton Beach Fla. 32548	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Watson Anthony 38 Carson Dr. Fort Walton Beach Fla. 32548	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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)(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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cass Watson

223-06

850-244-5064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT
20014353

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

F.C.E., INC.
109 THAMES PL SW
FT. WALTON BEACH, FL 32548

Subject: F.C.E., INC.

Reference Number: **P04000000821**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$66.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, ~~please add an additional \$8.75.~~

There is a balance due of \$83.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION