

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000003935 1. Entity Name F & T ENTERPRISES, INC.					
Principal Place of Business 6067 NW 90TH AVENUE PARKLAND FL 33067			Mailing Address 6067 NW 90TH AVENUE PARKLAND FL 33067		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0532764	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORVINO, FRANK 6067 NW 90TH AVE. PARKLAND FL 33067				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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORVINO, FRANK 6067 NW 90TH AVE. PARKLAND FL 33067		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORVINO, TAMARA 6067 NW 90TH AVE PARKLAND FL 33067		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORVINO, FRANK JR 202 ALTA MEADOWS LANE #611 DELRAY BEACH FL 33444		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORVINO, DAVID 2052 ALTA MEADOWS LANE #2210 DELRAY BEACH FL 33444		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 persons empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

Daytime Phone #