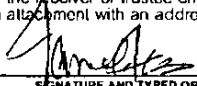
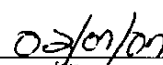


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-20-2007 90071 001 ***750.00

DOCUMENT # P04000015271					
1. Entity Name FAST HOLDING COMPANY, INC.					
Principal Place of Business 9517 GULF SHORE DR UNIT 201 NAPLES FL 34108			Mailing Address 9517 GULF SHORE DR UNIT 201 NAPLES FL 34108		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0713129	
				☐ 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		
MICELI, MICHAEL 9517 GULF SHORE DR UNIT 201 NAPLES FL 34108			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 (NOT: Registered Agent signature required when resigning) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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					
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
	DPST	MICELI, MICHAEL	9517 GULF SHORE DR UNIT 201 NAPLES FL 34108	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
	S	PASS, PAMELA	10591 ANKENY LANE BONITA SPRINGS FL 34135	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
				☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
				☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
				☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
				☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP		
				☐ 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 like empowered.					
SIGNATURE:  					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					