

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000078227

1. Entity Name
FEMA PLAZA, INC.



Principal Place of Business
**2070 WEST HWY 44
INVERNESS, FL 34453**

Mailing Address
**2070 WEST HWY 44
INVERNESS, FL 34453**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1178215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CACDAC, FE J
2070 WEST HWY 44
INVERNESS, FL 34453**

**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 **FE CACDAC, MD** **FE CACDAC, MD** **1-8-07**
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000583407
01/11/07-80069-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD	CACDAC, MANUEL A
NAME STREET ADDRESS	2070 WEST HWY 44
CITY-ST-ZIP INVERNESS, FL 34453	

TITLE STD	CACDAC, FE J
NAME STREET ADDRESS	2070 WEST HWY 44
CITY-ST-ZIP INVERNESS, FL 34453	

TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **FE CACDAC, MD** **1-8-07** **352-344-1878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #