

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098974

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** FEBLES' GERNERAL SERVICES, INC.

**Current Principal Place of Business:**

1748 51ST STREET  
NAPLES, FL 34116

**New Principal Place of Business:**

1748 51ST STREET SOUTHWEST  
NAPLES, FL 34116

**Current Mailing Address:**

1748 51ST STREET  
NAPLES, FL 34116

**New Mailing Address:**

1748 51ST STREET SOUTHWEST  
NAPLES, FL 34116

**FEI Number:** 20-1310053

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FEBLES, SAMUEL  
1748 51ST STREET  
NAPLES, FL 34116 US

**Name and Address of New Registered Agent:**

FEBLES, SAMUEL  
1748 51ST STREET SOUTHWEST  
NAPLES, FL 34116 US

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.

SIGNATURE: SAMUEL FEBLES

04/26/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FEBLES, SAMUEL  
Address: 1748 51ST STREET  
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete  
Name: HERNANDEZ, PEDRO A  
Address: 1723 SUNSHINE BLVD APT#1  
City-St-Zip: NAPLES, FL 34116

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FEBLES, SAMUEL  
Address: 1748 51ST STREET SOUTHWEST  
City-St-Zip: NAPLES, FL 34116

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL FEBLES

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date