## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000153021

Entity Name: FOPS, INC.

City-St-Zip:

ZEPHRYHILLS, FL 33539

FILED Apr 27, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 38435 CLYDE DRIVE ZEPHRYHILLS, FL 33541 **Current Mailing Address: New Mailing Address:** POB: 1542 ZEPHRYHILLS, FL 33539 FEI Number: 20-1869002 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIERCE, DANIEL M 38435 CLYDE DRIVE ZEPHRYHILLS, FL 33541 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PIERCE, DANIEL M Name: Name: POB: 1542 Address: Address: City-St-Zip: ZEPHRYHILLS, FL 33539 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: HOYLE, DENNIS Name: POB: 366 Address: Address: ZEPHRYHILLS, FL 33539 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition COTTY, TERRY M Name: Name: 5316 SATSUMA DRIVE Address: Address: City-St-Zip: ZEPHRYHILLS, FL 33542 City-St-Zip: Title: ( ) Delete Title: () Change () Addition PIERCE, DAVID M Name: Name: Address: POB: 1542 Address:

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.

City-St-Zip:

SIGNATURE: DANIEL M PIERCE PRES 04/27/2005