


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90003 031 ***150.00

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|--|---|---|--|---|--|
| DOCUMENT # P05000086269 1. Entity Name F & E MERGER, INC. | | | |  | |
| Principal Place of Business 973 NW 3RD TERR FLORIDA CITY, FL 33034 | | | Mailing Address PO BOX 344038 FLORIDA CITY, FL 33034 | | |
| 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 57-1229985 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BUSH, JESSIE JR 26425 137 CT FLORIDA CITY, FL 33032 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JONES, CATHERINE <input type="checkbox"/> Delete 960 SW 7TH PLACE FLORIDA CITY, FL 33034 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Jones, Catherine <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 365 SW 6th Ct Florida City, FL 33034 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CRUSAW, NETTIE <input type="checkbox"/> Delete 973 NW 3RD TERR FLORIDA CITY, FL 33034 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, LINDA <input type="checkbox"/> Delete 316 NORTHRIDGE DR CLARKSVILLE, TN 37042 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, DEBRA <input checked="" type="checkbox"/> Delete 2800 N 9TH AVE APT 28A PENSACOLA, FL 32503 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, TINA <input type="checkbox"/> Delete 505 DELBRA DR YAZOO CITY, MS 39194 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JONES, TAWANA <input checked="" type="checkbox"/> Delete 1195 NW NOEGEL RD LAKE CITY, FL 32055 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shaunte Crusaw 973 NW 3rd Terr Florida City, FL | |
| 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: <u>Catherine Jones</u> <u>Catherine Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>5/20/07</u> Daytime Phone # <u>305-242-0866</u> | | |