

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000007789

Entity Name: FCRE INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5651 COLCORD AVENUE  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

5651 COLCORD AVENUE  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

FEI Number: 36-4600673

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SHAW, ROMY  
5651 COLCORD AVENUE  
JACKSONVILLE, FL 32211 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHAW, JOHN  
Address: 5651 COLCORD AVENUE  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: VP  
Name: SHAW, ROMY  
Address: 5651 COLCORD AVENUE  
City-St-Zip: JACKSONVILLE, FL 32211 US

I hereby 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 all other like empowered.

SIGNATURE: ROMY SHAW

VP

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date