

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90030 016 ***150.00

DOCUMENT # P10636

1. Entity Name

FLEET FIVE, INC.



Principal Place of Business

3000 HANOVER STREET
PALO ALTO CA 94304

Mailing Address

1501 PAGE MILL RD
MS 1004
PALO ALTO CA 94304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
77-0072329

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MEYER, LAINE
STREET ADDRESS 746 FILIP RD
CITY-ST-ZIP LOS ALTOS CA 94024

TITLE S ☐ Delete
NAME BASKINS, ANN O.
STREET ADDRESS 1720 STANFORD COURT
CITY-ST-ZIP MENLO PARK CA 94025

TITLE T ☐ Delete
NAME DARLING, D'ANN
STREET ADDRESS 590 ASHTON
CITY-ST-ZIP PALO ALTO CA 94304

TITLE V ☐ Delete
NAME EZRATI, LESTER
STREET ADDRESS 340 BARBARA WAY
CITY-ST-ZIP HILLSBOROUGH CA

TITLE D ☐ Delete
NAME WAYMAN, ROBERT P.
STREET ADDRESS 26220 MOODY ROAD
CITY-ST-ZIP LOS ALTOS CA 94022

TITLE D ☐ Delete
NAME OLSEN, WILLIAM C
STREET ADDRESS 10720 LAUREL LEAF PL
CITY-ST-ZIP POTOMAC MD 20854

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/29/04 Paytime Phone #

D'ANN DARLING 650-857
PP54