

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2004 08:00 AM  
Secretary of State

DOCUMENT # P30146

1. Entity Name  
FUTURECOM, INC.



Principal Place of Business  
1955 W HWY 426  
OVIEDO, FL 32765 US

Mailing Address  
1955 W HWY 426  
OVIEDO, FL 32765 US



02162004 No Chg-P. CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-3029831	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REISCHMANN, WILLIAM E  
SUN BANK STE 22  
200 WEST FIRST ST.  
SANFORD, FL 32772

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000057669  
02/19/04-80070-023 158.75

10. OFFICERS AND DIRECTORS

TITLE	TSD
NAME	HERBIN, STANLEY B.
STREET ADDRESS	1955 W HWY 426
CITY-ST-ZIP	OVIEDO, FL 32765

TITLE	PD
NAME	HERBIN, MARYANN
STREET ADDRESS	1955 W HWY 426
CITY-ST-ZIP	OVIEDO, FL 32765

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bruce Herbin BRUCE HERBIN

2-17-04 407 359-9295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #