


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90277 043 ***150.00

DOCUMENT # P93000062451	
1. Entity Name FEX ENVIRONMENTAL SYSTEMS, INC.	

Principal Place of Business 400 GULF BREEZE PKWY SUITE 206 GULF BREEZE, FL 32561	Mailing Address P.O. BOX 1134 GULF BREEZE, FL 32562 US
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50022958



2. Principal Place of Business 1521 VIA DEWNA Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1134 Suite, Apt. #, etc.
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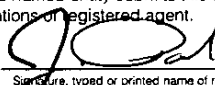
02282005 Chg-P CR2E034 (10/03)

City & State PENSACOLA BEACH, FL.	City & State GULF BREEZE, FL.
Zip 32561	Country U.S.
Zip 32562	Country U.S.

4. FEI Number 59-3198781	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FEX, J. PATRICK JR. 400 GULF BREEZE PKWY SUITE 206 GULF BREEZE, FL 32561	7. Name and Address of New Registered Agent Name FEX, J. PATRICK JR. Street Address (P.O. Box Number is Not Acceptable) 1521 VIA DEWNA City PENSACOLA BEACH, FL Zip Code 32561
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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  J. PATRICK FEX, JR. - PRESIDENT (NOTE: Registered Agent signature required when reinstating)	DATE 2/28/2005
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST FEX, J. PATRICK JR. 400 GULF BREEZE PKWY SUITE 206 GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST FEX, J. PATRICK JR. 1521 VIA DEWNA PENSACOLA BEACH, FL. 32561 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  J. PATRICK FEX, JR. - PRESIDENT	DATE 2/28/2005 850-529-5858