2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 08:00 AM DOCUMENT # P93000074593 **Secretary of State** F & G ASSOCIATES, INC. Principal Place of Business Mailing Address 3381 SW SUNSET TRACE CR 3381 SW SUNSET TRACE CR PALM CITY, FL 34990 PALM CITY, FL 34990 04182004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0464380 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 6. Name and Address of Current Registered Agent GULISANO, ANN DO NOT WRITE 3381 SW SUNSET TRACE CR PALM CITY, FL 34990 IN THIS SPACE 3. 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 DATE (NOTE, Registered Agent signature regulred when reinstating) U00000136510 04/28/04-80093-011 158.75 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS STP TITLE NAME GULISANO, ANN 3381 SW SUNSET TRACE CR STREET ADDRESS. PALM CITY, FL 34990 CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04 772-223-8800

FILED