

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90008 033 ***150.00

DOCUMENT # P93000078479 1. Entity Name F.E.T., INC.					
Principal Place of Business 4201 S.W. 6TH AVENUE CAPE CORAL, FL 33914			Mailing Address 4201 S.W. 6TH AVENUE CAPE CORAL, FL 33914		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 1201 NE 14th AVE.		Suite, Apt. #, etc. 1201 NE 14th AVE.			
City & State CAPE CORAL, FL.		City & State CAPE CORAL, FL.			
Zip 33909	Country LEE	Zip 33909	Country LEE	4. FEI Number 65-0450787	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TODD, FRANK 4201 S.W. 6TH AVENUE CAPE CORAL, FL 33914				7. Name and Address of New Registered Agent Name FRANK Todd Street Address (P.O. Box Number is Not Acceptable) 1201 NE 14th AVE. City CAPE CORAL, FL Zip Code 33909	
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 <u><i>Frank Todd</i></u> DATE <u>3/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TODD, FRANK 4201 S.W. 6TH AVE. CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANK Todd 1201 NE 14 th AVE CAPE CORAL, FL. 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CATHY Todd 1201 NE 14 th AVE. CAPE CORAL, FL. 33909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Frank Todd</i></u>		Date <u>3/16/06</u> Daytime Phone # <u>1-239-574-1656</u>			