


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90081 016 ***150.00

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| DOCUMENT # P94000013596 |  |
| 1. Entity Name FERNVALE, INC. | |

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|--|--|
| Principal Place of Business 504 MAIN STREET DAYTONA BEACH, FL 32118 US | Mailing Address 14115 63RD WAY NORTH CLEARWATER, FL 33760 US |
|--|--|



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-3326459 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 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 SWOBODA, RUDOLF 8338 36TH AVE N ST. PETERSBURG, FL 33710 |
|--|

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILLERS, JOHN 8338 36TH AVE N SAINT PETERSBURG, FL 33710 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST TANNER, CARL G. 8338 36TH AVE N SAINT PETERSBURG, FL 33710 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JOHNSTONE, LINDA 8336 36TH AVE N SAINT PETERSBURG, FL 33710 |
| 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)(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:

John A. Willers Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 3/05
Date

Daytime Phone #