

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000086882

1. Entity Name
F. R. S. OF MICANOPY, INC.



Principal Place of Business
17110 SE CR 234
MICANOPY, FL 32667

Mailing Address
17110 SE CR 234
MICANOPY, FL 32667

DO NOT WRITE IN THIS SPACE

FILED
Apr 14, 2004 08:00 AM
Secretary of State

04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3280808	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LADHA, SHIRAZ A
17110 SE CR 234
MICANOPY, FL 32667

**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

04-04-04

**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

000000112300
04/14/04-80017-011 150.00

10.

OFFICERS AND DIRECTORS

TITLE P
NAME LADHA, FARIAL S
STREET ADDRESS 17110 SE CR 234
CITY-ST-ZIP MICANOPY, FL 32667

TITLE S
NAME LADHA, SHIRAZ A
STREET ADDRESS 17110 SE CR 234
CITY-ST-ZIP MICANOPY, FL 32667

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-04 352-466-3163

Date

Daytime Phone #