


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT# P95000071381 1. EntityName FEWTEKINC.	
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PrincipalPlaceofBusiness 2539 CARY CIRCLE 201 DUNEDIN, FL 34698 US	MailingAddress 2539 CARY CIRCLE 201 DUNEDIN, FL 34698 US
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01172004 NoChg-P CR2E034(10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEINumber 59-3344311	AppliedFor NotApplicable
5. CertificateofStatusDesired <input type="checkbox"/>	\$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent  
 LAFERTE, ORRIN  
 2539 GARY CIRCLE  
 #201  
 DUNEDIN, FL 34621

**DO NOT WRITE IN THIS SPACE**

8. The abovenamed 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 obligation of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent's signature required when re-instating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAFERTE, ORRIN 2539 GARY CIRCLE #201 DUNEDIN, FL 34698
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00000009734  
 01/22/04-80002-023 150.00

**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)(f), 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 empowerments.

SIGNATURE: *Orrin Laferte* ORRIN LAFERTE 1/07/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#

727-736-0533