2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 25, 2004 8:00 am **Secretary of State** DOCUMENT # P95000084457 1. Entity Name 03-25-2004 90020 001 ***150.00 FAUST STABLES, LTD. INC. Principal Place of Business Mailing Address C/O FRANK F. FEROLA C/O RICHARD MACKIN 144 JUPITER KEY ROAD JUPITER FL 33477 8896 SE HARBOR ISLAND WAY HOBE SOUND FL 33455 2. Principal Place of Business 3. Mailing Address 10265 SHIREONKS Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-0619681 BOCA LATON FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required <u> 33498-6402</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERULA FRANK M FEROLA, FRANK F Street Address (P.O. Box Number is Not Acceptable) 144 JUPITER KEY ROAD JUPITER FL 33477 10265 SHIREORKS LN BATON atement for the pureose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity of the obligations of regist CADDRESS CHANGE ONLY **SIGNATURE** FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DP TITLE Change ☐ Addition Delete NAME FEROLA, FRANK F NAME 10265 SHIRE OAKS LN STREET ADDRESS STREET ADDRESS 144 JUPITER KEY ROAD JUPITER FL CITY-ST-7IP BOCA RAYON, FL 33498-6402 CITY-ST-7IP ☐ Addition D TITLE TITLE ☐ Delete MACKIN, SANTANA NAME NAME 8896 SE HARBOR ISLAND WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-HOBE SOUND FL 33455 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME FEROLA, VERA 10265 SHIREONKS LN STREET ADDRESS STREET-ADDRESS 144 JUPITER KEY RD BOCA RATON, FL 33498-6402 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL DVS ☐ Delete TITLE ☐ Change ☐ Addition TITLE MACKIN, RICHARD NAME NAME 8896 SE HARBOR ISLAND WAY STREET ADDRESS STREET ADDRESS HOBE SOUND FL 33455 CITY-ST-7IP CITY-ST-7/P ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information subplied 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 supplied in the properties of the corporation or the receiver of 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 a graduless, with all other like empowered. 12. I hereby certify that the information s of the corporation or the receiver changed, or on an attachment w

RICHARD MACKIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

561-379-2190

Daytime Phone #