


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P96000023950	
1. Entity Name FESI PROPERTIES, INC.	

Principal Place of Business 13822 SALFORD CT JACKSONVILLE, FL 32224	Mailing Address 17348 RIVER ISLE CR JACKSONVILLE, FL 32226
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DO NOT WRITE IN THIS SPACE



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3370236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SCOTT, LAMAR W 17348 RIVER ISLE CR JACKSONVILLE, FL 32226
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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>Lamar W Scott</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>4-8-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000891417 04/23/08-80025-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, LAMAR W 17348 RIVER ISLE CR JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILES, WILLIAM R 13822 SALFORD CT JACKSONVILLE, FL 32224
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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>Lamar W Scott</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4-8-08</u>	Daytime Phone # <u>904-354-6789</u>
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