

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000059770

1. Entity Name
FACT BUSINESS & REALTY, INC.



FILED
Jan 14, 2008 08:00 AM
Secretary of State

Principal Place of Business
1166 KERSFIELD CIRCLE
HEATHROW, FL 32746

Mailing Address
1166 KERSFIELD CIRCLE
HEATHROW, FL 32746



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3392594	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, FRANK J
1166 KERSFIELD CIRCLE
HEATHROW, FL 32746

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000784630
01/16/08-80063-002 158.75

10. OFFICERS AND DIRECTORS

TITLE	CPDS
NAME	THOMAS, FRANK J
STREET ADDRESS	1166 KERSFIELD CIRCLE
CITY-ST-ZIP	HEATHROW, FL 32746

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/08
Date

407-333-3305
Daytime Phone #