

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000090848

Entity Name: FASCO INVESTMENTS, INC.

**FILED**  
**Jun 24, 2009**  
**Secretary of State****Current Principal Place of Business:**3780 TAMPA ROAD  
SUITE B 201  
OLDSMAR, FL 34677**New Principal Place of Business:****Current Mailing Address:**3780 TAMPA ROAD  
SUITE B 201  
OLDSMAR, FL 34677**New Mailing Address:**

FEI Number: 59-3409059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**HOUVARDAS, PAUL  
FORESIGHT PROPERTY SERVICES, LLC  
3780 TAMPA RD., STE 201  
OLDSMAR, FL 34677 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: HOUVARDAS, IRENE  
Address: 10628 PONTOFINO CIR  
City-St-Zip: NEW PORT RICHEY, FL 34655Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DPS (X) Change ( ) Addition  
Name: HOUVARDAS, TRIFON  
Address: 10628 PONTOFINO CIR  
City-St-Zip: NEW PORT RICHEY, FL 34655Title: VT ( ) Change (X) Addition  
Name: HOUVARDAS, IRENE  
Address: 10628 PONTOFINO CIR  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRIFON HOUVARDAS

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06/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date