


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90013 004 ***150.00

DOCUMENT # P96000104478
 1. Entity Name
 FS & COMPANY, INC.



Principal Place of Business
 1154 NW 76TH BLVD
 GAINESVILLE, FL 32606

Mailing Address
 1154 NW 76TH BLVD
 GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3420107 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FERMAN-SALAS, SANDY
 1154 NW 76TH BLVD
 GAINESVILLE, FL 32606

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 | P |
| NAME | FERMAN-SALAS, SANDY |
| STREET ADDRESS | 6240 GREATWATER DR |
| CITY-ST-ZIP | WINDERMERE, FL 34786 |
| TITLE | D |
| NAME | SALAS, BIENVENIDO C |
| STREET ADDRESS | 6240 GREATWATER DR |
| CITY-ST-ZIP | WINDERMERE, FL 34786 |
| TITLE | D |
| NAME | FERMAN, LEONARD |
| STREET ADDRESS | 4325 NW 55TH WAY 4198 BAY BEACH LANE #16 |
| CITY-ST-ZIP | GAINESVILLE, FL FT MYERS BCH, FL 33931 |
| TITLE | D |
| NAME | FERMAN, JACKIE |
| STREET ADDRESS | 4325 NW 55TH WAY 4198 BAY BEACH LANE #16 |
| CITY-ST-ZIP | GAINESVILLE, FL FT MYERS BCH, FL 33931 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 life empowered.

SIGNATURE: Sandra J. Ferman-Salas 1/10/04 (352) 528-6558
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #