


FILED
04 DEC 17 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000075154			
1. Entity Name F.C.A. & COMPANY INC.			
Principal Place of Business 2960 S. MCCALL RD SUITE 205 ENGLEWOOD, FL 34224		Mailing Address 2960 S. MCCALL RD SUITE 205 ENGLEWOOD, FL 34224	
2. Principal Place of Business SISA Paul Morris		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Englewood FL		City & State	
Zip 34223	Country USA	Zip	Country
6. Name and Address of Current Registered Agent CALDERON, CINDI L 2091 MARLIN WAY ENGLEWOOD, FL 34224		4. FEI Number 65-0776079 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name William A Pfannkuch Street Address (P.O. Box Number is Not Acceptable) 1958 Trout Circle City Englewood FL Zip Code 34224			
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>X</u> Will A Rfc (NOTE: Registered Agent signature required when reinstating) DATE 12-06-2004			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALDERONE, CINDI L 6347 MCKINLEY TERRACE ENGLEWOOD, FL 34224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William C. PFANNKUCH 1958 Trout Circle Englewood 34224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CALDERONE, FRANK 6347 MCKINLEY TERRACE ENGLEWOOD, FL 34224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mike Fattorusso 4635 ALAMETOS Terr. North Port FL 34288 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Suzelle PFANNKUCH 1958 Trout Circle Englewood FL 34224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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>Cindi L Calderone</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>Cindi Calderone</u> 12-6-04 Date Daytime Phone #	