

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90665 013 ***150.00

DOCUMENT # P98000044743					
1. Entity Name FAS TWO, INC.					
Principal Place of Business 365 FIFTH AVENUE SOUTH #201 NAPLES, FL 34102			Mailing Address C/O DAVID NASSIF CO 195 WORCESTER ST STE 301 WELLESLEY HILLS, MA 02481 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0981769	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANTARAMIAN, JACK J 365 FIFTH AVENUE SOUTH #201 NAPLES, FL 34102			Name David W. Nassif Street Address (P.O. Box Number is Not Acceptable) 9130 Galleria Ct., Ste #316 City Naples FL Zip Code 34109-4418		
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: DATE: 4/30/04					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME ANTARAMIAN, JACK J STREET ADDRESS 365 FIFTH AVENUE SOUTH #201 CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE P/T/D NAME David W. Nassif STREET ADDRESS 9130 Galleria Ct., Ste #316 CITY-ST-ZIP Naples, FL 34109-4418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NASSIF, DAVID E STREET ADDRESS 195 WORCESTER ST STE 301 CITY-ST-ZIP WELLESLEY HILLS, MA 02481	<input type="checkbox"/> Delete		TITLE V/D NAME Diane R. Nassif STREET ADDRESS 51 Scotch Pine Rd. CITY-ST-ZIP Wellesley, MA 02481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE S NAME Timothy D. Jaroch STREET ADDRESS 195 Worcester St., Ste. 301 CITY-ST-ZIP Wellesley Hills, MA 02481	<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: TIMOTHY D. JAROCH 4/30/04 781-431-1030					
(NOTE: Signature and typed or printed name of signing officer or director)					