


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90162 012 ***150.00

DOCUMENT # P98000067313	
1. Entity Name FBA HOLDING, INC.	

Principal Place of Business 1825 BUSINESS PARK BLVD SUITE A DAYTONA BEACH, FL 32114	Mailing Address 1825 BUSINESS PARK BLVD SUITE A DAYTONA BEACH, FL 32114
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40079742



2. Principal Place of Business - No P.O. Box # 200 Festress Blvd Suite, Apt. #, etc. Suite B City & State Daytona Beach FL Zip 32114	3. Mailing Address 200 Festress Blvd Suite, Apt. #, etc. Suite B City & State Daytona Beach, FL Zip 32114
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03132007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3527862	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURNETT, RANDOM R 901 N. GRANDVIEW AVE. 1825 Business Park Blvd DAYTONA BCH, FL 32118 Suite A Daytona Beach, FL 32114	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUQUICCHIO, ANGELO 1825 BUSINESS PARK BLVD. SUITE A DAYTONA BEACH, FL 32116 <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	T BUQUICCHIO, FRANK 1825 BUSINESS PARK BLVD. SUITE A DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: Angele Buquicchio 4-23-07 386-274-1860
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #