


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000017048
 1. Entity Name
FAYE'S PORCELAIN STUDIO, INC.



Principal Place of Business 5678 COLCORD AVE JACKSONVILLE, FL 32211	Mailing Address 5678 COLCORD AVE. JACKSONVILLE, FL 32211
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04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3561199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCKEE, FAYE
 5678 COLCORD AVE
 JACKSONVILLE, FL 32211

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKEE, FAYE 5678 COLCORD AVE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARKLAND, CHARLES 5678 COLCORD AVE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKEE, WILLIAM 5678 COLCORD AVE JACKSONVILLE, FL 32211
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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 like empowered.

SIGNATURE: Faye McKee Date: 4-12-05 Daytime Phone #: 904-725-3152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR