


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90427 030 \*\*\*150.00

<b>DOCUMENT # S51249</b> 1. Entity Name <b>FEASINOMICS, INC.</b>					
Principal Place of Business <b>5020 TAMiami TRAIL SUITE 120 NAPLES, FL 34103 US</b>			Mailing Address <b>5020 TAMiami TRAIL SUITE 120 NAPLES, FL 34103 US</b>		
2. Principal Place of Business <b>12810 TAMiami TR N</b>		3. Mailing Address <b>12810 TAMiami TR N</b>			
Suite, Apt. #, etc. <b>202</b>		Suite, Apt. #, etc. <b>202</b>			
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>			
Zip <b>34110</b>		Country <b>USA</b>		4. FEI Number <b>65-0262544</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>TIMMERMAN, MICHAEL J PRESIDE 5020 TAMiami TRAIL N. SUITE 120 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name <b>MICHAEL J. TIMMERMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>12810 TAMiami TR N</b> <b>SUITE 202</b> City <b>NAPLES</b>		
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.			DATE <div style="text-align: right; font-size: 1.2em;">4/28/04</div>		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <b>TIMMERMAN, MICHAEL J</b> <b>6556 CHESTNUT CIRCLE</b> <b>NAPLES, FL 34109</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	
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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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <div style="text-align: right; font-size: 1.2em;">4/28/04</div>		