2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State
08-05-2004 90006 016 ***150.00

DOCUMENT # S53239

1. Entity Name
F.C.F., INC.

Principal Place of Business	Mailing Address
255 PILGRIM ROAD WEST PALM BEACH, FL 33405 US	255 PILGRIM RD. WEST PALM BEACH, FL 33405 US

54067085

07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0261501
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired.. ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOTZ, FRANK E., III
~~1842 17TH CT. NORTH~~
~~LAKE WORTH, FL 33460~~
3172 SE OVERBROOK DR
Port St. Lucie, FL 34952

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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 Frank E. Hotz 7-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOTZ, FRANK E., III
STREET ADDRESS	3172 S E OVERBROOK DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	D
NAME	BERGERSON, CHRISTINE C.
STREET ADDRESS	255 PILGRAM RD
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: Frank E. Hotz 7-28-04 561-685-6155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #