

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005810

FILED
Aug 30, 2005
Secretary of State

Entity Name: FAH, INC.

Current Principal Place of Business:

195 HARBOR DR.
BOCA GRANDE, FL 33921

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1565
BOCA GRANDE, FL 339211565

New Mailing Address:

5132 SEVEN MILE POINT RIDGE DR..
HARBOR SPRINGS, MI 49740 91

FEI Number: 75-2157869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKL, FREDERICK A
195 HARBOR DR
BOCA GRANDE, FL 339211565 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: HACKL, FREDERICK A
Address: 195 HARBOR DR
City-St-Zip: BOCA GRANDE, FL 33921

Title: S () Delete
Name: HACKL, MARITA A
Address: 195 HARBOR DR
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK A. HACKL

PRES

08/30/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date