


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90079 049 ***150.00

DOCUMENT # F99000003061
 1. Entity Name
FC CAPITAL CORP.



Principal Place of Business: **400 COLUMBUS AVE. VALHALLA, NY 10595**
 Mailing Address: **6400 IMPERIAL DRIVE PO BOX 8216 WACO, TX 76714-8216 US**

20014102

2. Principal Place of Business: **6400 Imperial Drive**
 Suite, Apt. #, etc.:
 City & State: **Waco TX**
 Zip: **76712** Country: **McLennan**

3. Mailing Address:
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:



02022005 Chg-P CR2E034 (10/03)

4. FEI Number: **74-2846797** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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: _____

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11.	
TITLE: PD	NAME: SARTAIN, JAMES T STREET ADDRESS: 6400 IMPERIAL DR PO BOX 8216 CITY-ST-ZIP: WACO, TX 767148216	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: S	NAME: RAY, MARGIE STREET ADDRESS: 6400 IMPERIAL DRIVE PO BOX 8216 CITY-ST-ZIP: WACO, TX 767148216	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: D	NAME: HAWKINS, JAMES R STREET ADDRESS: 6400 IMPERIAL DRIVE PO BOX 8216 CITY-ST-ZIP: WACO, TX 767148216	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: _____	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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:  **James T. Sartin**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **2/7/2005** Date: _____
 (254) 751-1750 Date/Time Phone #