

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90032 005 ***150.00

DOCUMENT # P04000015271					
1. Entity Name FAST HOLDING COMPANY, INC.					
Principal Place of Business 9517 GULF SHORE DR UNIT 201 NAPLES, FL 34108			Mailing Address 9517 GULF SHORE DR UNIT 201 NAPLES, FL 34108		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLIED FOR	
Zip		Zip		Country	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MICELI, MICHAEL 9517 GULF SHORE DR UNIT 201 NAPLES, FL 34108			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICELI, MICHAEL	NAME			
STREET ADDRESS	9517 GULF SHORE DR UNIT 201	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASS, PAMELA	NAME			
STREET ADDRESS	10591 ANKENY LANE	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Michael Miceli</i>		Date: <i>01/2/06</i>		Daytime Phone #: <i>239-263-6688</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					