

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000080011

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** FAGUN ENTERPRISES INC.

**Current Principal Place of Business:**

202 S. TARA DR.  
TARAVES, FL 32778

**New Principal Place of Business:**

3101 NORTH HIGHWAY 19A  
MT DORA, FL 32757

**Current Mailing Address:**

202 S. TARA DR.  
TARAVES, FL 32778

**New Mailing Address:**

3101 NORTH HIGHWAY 19A  
MT DORA, FL 32757

**FEI Number:** 59-3535845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIMMEL, DAVID E  
202 S. TARA DR.  
TAVARES, FL 32778 US

**Name and Address of New Registered Agent:**

CHRISTOPHER, GAW D  
3101 NORTH HIGHWAY 19A  
MT DORA, FL 32757 US

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: CHRISTOPHER D. GAW

01/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GAW, CHRISTOPHER D  
Address: 3101 NORTH HIGHWAY 19A  
City-St-Zip: MT DORA, FL 32757

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER D. GAW

PRES

01/03/2011

Electronic Signature of Signing Officer or Director

Date