

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90006 001 \*\*\*150.00

**DOCUMENT # 856572**

1. Entity Name  
**FLUOR ENTERPRISES, INC.**



Principal Place of Business

**ONE ENTERPRISE DR  
F2B  
ALISO VIEJO, CA 92656 US**

Mailing Address

**ONE ENTERPRISE DR  
F2B  
ALISO VIEJO, CA 92656 US**

**54000650**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**95-2758280**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
526 EAST PARK AVE.  
TALLAHASSEE, FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	BOECKMANN, A.L.	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	STEUERT, D.M.	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FISHER, L.N.	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HULL, S.F.	
STREET ADDRESS	ONE ENTERPRISE DRIVE	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE	AT	<input type="checkbox"/> Delete
NAME	TSENG, MIN C	
STREET ADDRESS	ONE ENTERPRISE DR	
CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MIN C. TSENG**

**ASSISTANT TREASURER**

**4/13/04**

Date

**949-349-2000**

Daytime Phone #