

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90080 039 ***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**

40014762



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01242005 Chg-P CR2E034 (10/03)

4. FEI Number

95-2758280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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, 2005 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** ☐ Delete
NAME **BOECKMANN, A.L.**
STREET ADDRESS **ONE ENTERPRISE DR**
CITY-ST-ZIP **ALISO VIEJO, CA 92656**

TITLE **CFO** ☐ Delete
NAME **STEUERT, D.M.**
STREET ADDRESS **ONE ENTERPRISE DR**
CITY-ST-ZIP **ALISO VIEJO, CA 92656**

TITLE **VP** ☐ Delete
NAME **FISHER, L.N.**
STREET ADDRESS **ONE ENTERPRISE DR**
CITY-ST-ZIP **ALISO VIEJO, CA 92656**

TITLE **VPT** ☐ Delete
NAME **HULL, S.F.**
STREET ADDRESS **ONE ENTERPRISE DRIVE**
CITY-ST-ZIP **ALISO VIEJO, CA 92656**

TITLE **AT** ☐ Delete
NAME **TSENG, MIN C**
STREET ADDRESS **ONE ENTERPRISE DR**
CITY-ST-ZIP **ALISO VIEJO, CA 92656**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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**

01/24/2005

Date

949-349-6934

Daytime Phone #