

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90285 035 ***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**

60025516



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 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
NAME	BOECKMANN, A.L.
STREET ADDRESS	ONE ENTERPRISE DR
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	CFO
NAME	STEUERT, D.M.
STREET ADDRESS	ONE ENTERPRISE DR
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	VP
NAME	FISHER, L.N.
STREET ADDRESS	ONE ENTERPRISE DR
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	VPT
NAME	HULL, S.F.
STREET ADDRESS	ONE ENTERPRISE DRIVE
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	AT
NAME	J. M. Lucas
STREET ADDRESS	ONE ENTERPRISE DR
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

James M. Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06
Date

949-349-7107
Daytime Phone #