## FILED Aug 03, 2004 8:00 am Secretary of State

7/21/2004 (561)627-7171
Date Daytime Phone #

ANNUAL REPORT	1014
DOCUMENT # F0300000287	

DOCUMENT # F0300000287  1. Entity Name						08-03-2004 90006 025 ***550.00					
NIELS FU	GAL SONS COMPANY OF	CALIFORNIA, INC.									
Principal Place of Business  4440 PGA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410  Mailing Address  4440 PGA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410				410		54066526					
2. Principal Place of Business 3. Mailing Address			. <del></del>								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07122004 Chg-P CR2E034 (10/03)						
City & State		City & State				4. FEI Number 37-144				plied For t Applicable	
Zip	Country	Zip	Coun	try			of Status Desired	F	8.75 Add ee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent							
C T CORP	ORATIÓN SYSTEM			Name							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)							
				City	<del></del>			FL	Zip Code	<u> </u>	
9 The share	named entity submits this statement for	the number of changing its	rogistor	nd office or r	registers	d agent or be	th in the State of Ele			and name at	
	named entry submits this statement for ions of registered agent.	the balbose of changing its	registeri	ed onice or i	i e Gi Stei e	ou agent, or bu	in the state of Fig.	Jilua. Teggi	urimar wia),	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent &	nd title if applicable. (NOT	E: Registere	d Agent signature	e required s	when reinstating)		DATE			
FILE NOW!!! FEE IS \$550.00  Due by September 8, 2004  9. Election Campaign Finar Trust Fund Contribution.				ncing	<b>\$5.</b> 0 Adde	00 May Be ed to Fees				ţ	
10. OFFICERS AND DIRECTORS 11.					ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11		
TITLE	DCEO X Delete TITT		TITL	E	S				☐ Change	X Addition	
NAME	FUGAL, DANIEL B		MAM				CHAEL K.				
STREET ADDRESS	4440 PGA BLVD., SUITE 500	440		ET ADDRESS			LVD., SUITI		10		
CITY-ST-ZIP				-ST-ZIP	PD		GARDENS,.	FL 334			
TITLE NAME .	PD FUGAL, GUY L	☐ Delete	TITL		ги	CEU			XI Change	Addition	
STREET ADDRESS	J			ET ADDRESS							
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33	410	CITY	-ST-ZIP			_				
TITLE	V	☐ Delete	ПП	E					☐ Change	Addition	
NAME	MCFARLAND, KRIST		NAM								
STREET ADDRESS CITY-ST-ZIP	4440 PGA BLVD.; SUITE 500 PALM BEACH GARDENS, FL 33	M10		ET ADDRESS !							
TITLE	V	☐ Delete	TITL						Change	Addition	
NAME	HOLDAWAY, BOYD J	LLJ Delete	NAM						Change	Addition	
STREET ADDRESS	4440 PGA BLVD., SUITE 500		STRE	ET ADDRESS							
CITY-ST-ZIP	PALM;BEACH GARDENS, FL 33	410	СПУ	-ST-ZIP	•						
TITLE	AT	☐ Delete	ĭI∏∟	E					Change	☐ Addition	
NAME	HILL, GARY L 4440 PGA BLVD., SUITE 500		NAM	1							
STREET ADDRESS CITY-ST-ZIP	PALM BEACH GARDENS, FL 33	3410		EET ADDRESS (+ST-ZIP							
TITLE -	V	Delete	πL	E					☐ Change	☐ Addition	
NAME	FUGAL, RAY N	_ 55,00	NAM	1							
STREET ADDRESS	4440 PGA BLVD., SUITE 500			EET ADDRESS							
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33			r-ST-ZIP							
12. I hereby indicated of the co	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee empo	this filing does not qualify for true and accurate and that is wered to execute this report	r the exe my signa as requ	emption state sture shall ha ired by Char	ed in Se ave the s pter 607	ction 119.07(3) same legal effe , Florida Statut	(I), Florida Statutes. ct as if made under es; and that my nam	I further cert oath; that I a ne appears in	ify that the in m an officer n Block 10 o	nformation or director r Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR