

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004373

1. Entity Name
PUBLIC ENTERPRISE GROUP, INC.



Principal Place of Business
* **101 MAIN STREET, SUITE 240
HUNTINGTON BEACH, CA 92648**

Mailing Address
**101 MAIN STREET, SUITE 240
HUNTINGTON BEACH, CA 92648**



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0910641

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUF, ROBERT
3654 CORAL SPRINGS DR
CORAL SPRINGS, FL 33065**

**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

Robert Ruf
(NOTE: Registered Agent signature required when reinstating)

7/5/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	JUDY ANDERSON SCHULTE
STREET ADDRESS	6382 DORAL DRIVE
CITY - ST - ZIP	HUNTINGTON BEACH, CA 92658
TITLE	DT
NAME	SCHULTE, DON
STREET ADDRESS	6382 DORAL DRIVE
CITY - ST - ZIP	HUNTINGTON BEACH, CA 92648
TITLE	DPS
NAME	RILEY, MICHAEL
STREET ADDRESS	3046 ROXANNE AVENUE
CITY - ST - ZIP	LONG BEACH, CA 90808
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000165191
07/12/04-800003-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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

7/5/04 (714) 374-3330
Date Daytime Phone #

JUDY ANDERSON SCHULTE