

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G83448

FILED  
Jul 07, 2004  
Secretary of State

**Entity Name:** FEN INVESTMENTS OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

C/O TOM JONES  
3877 CYPRESS LAKE DRIVE  
LAKE WORTH, FL 334671712

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TOM JONES  
3877 CYPRESS LAKE DRIVE  
LAKE WORTH, FL 334671712

**New Mailing Address:**

**FEI Number:** 59-2503725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOM JONES  
3877 CYPRESS LAKE DR  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, TOM,  
Address: 3877 CYPRESS LAKE DR  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM JONES

PD

07/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date