2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P00000032573

1. Entity Name



FILED Feb 11, 2005 8:00 am Secretary of State 02-11-2005 90050 018 ***150.00

FUJIMO ENTERPRISES, INC. 🥳 🚾			02-11-2003 9003	0.018 130.00
Principal Place of Business	Mailing Address			
747 SW MOUJACK CR	747 SW MOUJACK CR PORT SAINT LUCIE FL 3498	ae	}	
PORT SAINT LUCIE FL 34986	11	°	*	50014172
MUNTACK CK MUNTACK 2. Principal Place of Business 3. Mailing Address		CR		
747 S.W. MUNITACK CIKE 747 S.W. MUNITACK		IN CRUE	1 1889) 103 114 8890 9890 9890 98	## 10 0% 1000 1 00% 1 00 0 4 00 1000 1000 1000 1000 1000 1000 1000
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE	CR2E034 (10/04)
City & State FORT ST. Lucre, FL 34986 FORT ST. Lucre		134986	4. FEI Number 65-100203	Applied For Not Applicable
Zip Country	· /	untry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New	,
		Name		· · · · · ·
MARTIN, MARY D 747 SW MOUJACK CR PORT SAINT LUCIE FL 34986		Street Address (i	P.O. Box Number is Not Acceptab	ole)
		747 5.0	W. MUNTACK	LIKCL F
		City Port.	ST. Lung, Fl	FL Zip Code 349 CG
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		· <u></u>		
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 Make Check Payable to Florida Department of	State		9. Election Cam Trust Fund Co	
10. OFFICERS AND	DIRECTORS 1	1.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11
TITLE VP		ITLE		☐ Change ☐ Addition
NAME CASPARC, MELISSA STREET ADDRESS 201 WEST GARDNER ST.	SPAR S	AME TREET ADDRESS		
CITY-ST-ZIP ELWOOD IL 60421	RRECT SPELING S	ITY-ST-ZIP		
TITLE		ITLE AME		Change 🔲 Addilion
NAME STREET ADDRESS		TREET ADDRESS		.,
CITY-ST-ZIP	C	ITY-ST-ZiP		
TITLE		ITLE		Change Addition
NAME Street address		TREET ADDRESS		_
CITY-ST-ZIP	c	ITY-ST-ZIP		
TITLE	23 00.00	ITLE		☐ Change ☐ Addition
NAME Street address		AME Treet address		
CLTY-ST-ZIP		ITY-ST-ZIP		
TITLE		ITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		IAME TREET ADDRESS		
CITY-ST-ZIP		HTY-ST-ZIP		
TITLE	☐ Delete T	ITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		IAME TREET ADDRESS		
CITY-ST-ZIP		ITY-ST-ZIP		
12. I hereby certify that the information supplied with				
	this filing does not qualify for the e			
indicated on this report or supplemental report is of the corporation or the receiver or trustee empo changed, or on an attachment with an addless,	this filing does not qualify for the e true and accurate and that my sign owered to execute this report as red with all other like empowered.	nature shall have the s quired by Chapter 607	same legal effect as if made unde , Florida Statutes; and that my na	r oath: that I am an officer or director