

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000048020

1. Entity Name  
 F J B INTERNATIONAL (UK) INC.



Principal Place of Business  
 6171 MID METRO DRIVE SUITE 10  
 FORT MYERS, FL 33912

Mailing Address  
 6171 MID METRO DRIVE SUITE 10  
 FORT MYERS, FL 33912



03192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-1123395

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

WALLIS, BILL  
 6171 MID METRO DRIVE SUITE 10  
 FORT MYERS, FL 33912

**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: \* *T F Chalsty* (NOTE: Registered Agent signature required when reinstating) DATE: 3/19/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WALLIS, FRA C
STREET ADDRESS	1281 SILVERSTRAND DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	V
NAME	WALLIS, JAMES
STREET ADDRESS	1281 SILVERSTRAND DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	WALLIS, BILL
STREET ADDRESS	1281 SILVERSTRAND DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000103216  
 04/05/04-80047-008 150.00

**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: \* *T F Chalsty* (Signature and Typed or Printed Name of Signing Officer or Director)