

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000074788

1. Entity Name
FNP INVESTMENTS, INC.



Principal Place of Business
21189 SW WARFIELD BLVD.
INDIANTOWN, FL 34956

Mailing Address
P. O. BOX 2134
OKEECHOBEE, FL 34937



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1149206

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEWIS, VALERIE
405 NW 4TH AVE
OKEECHOBEE, FL 34972

**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 _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000292530
14/07/05-80073-018 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME CREWS, R. MARK
STREET ADDRESS 21189 SW WARFIELD BLVD.
CITY-ST-ZIP INDIANTOWN, FL 34956

TITLE D
NAME CREWS, PAULA L
STREET ADDRESS 21189 SW WARFIELD BLVD.
CITY-ST-ZIP INDIANTOWN, FL 34956

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

Date

Daytime Phone #