

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 29 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072004 Chg-P CR2E034 (10/03)

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|--|---|---|---|--|--|
| DOCUMENT # P03000019950 1. Entity Name F & J ENDEAVORS, INC. | | | | | |
| Principal Place of Business 5157 SILENT LOOP, SUITE 111 NEW PORT RICHEY, FL 34652 | | | Mailing Address 5157 SILENT LOOP, SUITE 111 NEW PORT RICHEY, FL 34652 | | |
| 2. Principal Place of Business 12227 MAGNOLIA GROVE LN | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State HUDSON FL | | City & State Suite, Apt. #, etc. | | 4. FEI Number 54-2097092 | |
| Zip 34667 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GLASS, JOHN R 5157 SILENT LOOP, SUITE 111 NEW PORT RICHEY, FL 34652 | | | | 7. Name and Address of New Registered Agent Name FRED STIEBER Street Address (P.O. Box Number is Not Acceptable) 12227 MAGNOLIA GROVE LN HUDSON City FL Zip Code 34667 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete STIEBER, ALFRED 12227 MAGNOLIA GROVE LANE BAYONET POINT, FL 34667 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500035551875 05/06/04--01009--025 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete GLASS, JOHN R 5157 SILENT LOOP, SUITE 111 NEW PORT RICHEY, FL 34652 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Fred Stieber</i> FRED STIEBER 4/18/04 (72) 697-3333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |