

**2004 FOR PROFIT CORPORATION  
- ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000011756

1. Entity Name  
FENNO CONTRACTING & FLOORING CO.



Principal Place of Business

333 PRINCETON DR  
LAKE WORTH, FL 33460 US

Mailing Address

333 PRINCETON DR  
LAKE WORTH, FL 33460 US

**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0377400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KUMPULAINEN, KARI  
333 PRINCETON DR  
LAKE WORTH, FL 33460

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000090658  
03/17/04-80027-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KUMPULAINEN, KARI
STREET ADDRESS	333 PRINCETON DR
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	ST
NAME	KUMPULAINEN, RAIMO
STREET ADDRESS	7906 MARTON AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	V
NAME	MATTHEW, JAMES R
STREET ADDRESS	247 BLOOMFIELD DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kari Kumpulainen

3/15/04

Date

561 704 6224

Daytime Phone #