


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000076610 1. Entity Name FJC AMUSEMENTS, INC.	
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Principal Place of Business 8966 BELVEDERE ROAD WEST PALM BEACH, FL 33416	Mailing Address PO BOX 210008 ROYAL PLAM BEACH, FL 33421-0008 US
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03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0510752	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CURRY, G. ROSS 8966 BELVEDERE RD. WEST PALM BEACH, FL 33411
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CONKLIN, FRANK 8966 BELVEDERE RD. WEST PALM BEACH, FL 33416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CURRY, G R 8966 BELVEDERE RD. WEST PALM BEACH, FL 33416
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<p>000000276468 03/25/05-80041-017 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(f), 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: Ross Curry **3/18/05 (51d) 793-2477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #