

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91016 043 ***150.00

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1. Entity Name
F.J.R. IMPORT-EXPORT, INC.



Principal Place of Business
**39 LUD LOW LANE W
PALM COAST, FL 32137**

Mailing Address
**39 LUD LOW LANE W
PALM COAST, FL 32137**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3506105

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RENDA, FRANK
39 LUD LOW LANE WEST
PALM COAST, FL 32137**

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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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RENDA, FRANK
STREET ADDRESS	39 LUDLOW LANE WEST
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	VP
NAME	RENDA, ROBERT J.
STREET ADDRESS	39 LUDLOW LANE W
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	SEC
NAME	RENDA, LUCINDA
STREET ADDRESS	39 LUDLOW LANE WEST
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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

4/20/04 **386-864-1220**
Date Day/Time Phone #