

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000101075**

1. Entity Name  
FMPC ENTERPRISES INC.



Principal Place of Business  
600 S MIRAMAR AVE  
INDIALANTIC, FL 32903

Mailing Address  
600 S MIRAMAR AVE  
INDIALANTIC, FL 32903



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3616398

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CARPENTER, PAUL  
600 S MIRAMAR AVE  
INDIALANTIC, FL 32903

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 re-appointing)

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

1100000318438  
04/20/05-80055-022 150.00

## 10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	O'NEILL, REGIS
STREET ADDRESS	901 SERSDALE CT.
CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	P
NAME	CARPENTER, PAUL W
STREET ADDRESS	348 PATRICK CIR.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 #

2/16/05 321-723-0824