## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # V09089 1. Entity Name F.J. ENTERPRISE LTD. INC. Principal Place of Business Mailing Address 1718 MAIN ST 1718 MAIN ST SUITE 300 SARASOTA, FL 34236 US SUITE 300 SARASOTA, FL 34236 US DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIGNATURE: )

## **FILED** Apr 07, 2004 08:00 AM Secretary of State



02182004	No Chg-P	CR2E034 (10/03)

Applied For Not Applicable

5. Certificate of Status Desired

4. FEI Number 65-0309292

> \$8.75 Additional Fee Required

## DO NOT WRITE

GAMMARO, JOHN J 16275 S LAKESHORE DRIVE SARASOTA, FL 34231		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 lamiliar with, and accept the obligations of registered agent.  SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable.  (FOTE, Registered Agent signature required when reinstating)  DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financi     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	U00000105537 04/07/04-80029-012 150.00
10.	ÖFFICERS AND DIREC	TORS			
NAME NAME STREET ADDRESS CITY-ST-ZIP	PSD GAMMARO, JOHN J 1627 S LAKESHORE SARASOTA, FL 34231				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-21P				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY: ST-ZIP					
TITLE MAME STRELT ADDRESS CITY-ST-ZIP					
12. I hereby certily that the information supplied with this filling does not qualify for the exemption stated in Section 1 (9.07(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 eath; 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.					

NG OFFICER OF DIRECTOR