


2004 FOR PROFIT CORPORATION ANNUAL REPORT

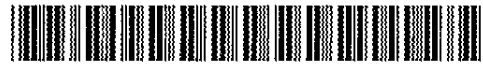
FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000070055
 1. Entity Name
F.R. ASSOCIATES, INC.



Principal Place of Business Mailing Address
621 PALM SPRINGS DRIVE **631 PALM SPRINGS DRIVE**
SUIRE 116 **SUIRE 116**
ALTAMONTE SPRINGS, FL 32701 **ALTAMONTE SPRINGS, FL 32701**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
02-0613624 Not Applicable

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

5. Name and Address of Current Registered Agent
MAY, CHARLES M
631 PALM SPRINGS DRIVE
SUIRE 116
ALTAMONTE SPRINGS, FL 32701

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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, 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 NAME STREET ADDRESS CITY - ST - ZIP	PD RIPPE, DAVID J MD 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MAY, CHARLES M 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FARLEY, TIMOTHY E MD 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 01/28/04-80075-011 150.00

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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)(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 employees.

SIGNATURE: *Charles M. May* 1-6-04 407-767-0493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #