


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

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



Principal Place of Business 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS, FL 32701	Mailing Address 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS, FL 32701
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01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0613624	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

DO NOT WRITE IN THIS SPACE

6. 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 _____

**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	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/24/05-80040-001 150.00

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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)(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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-18-05** _____ Daytime Phone # _____