


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90038 044 ***150.00

DOCUMENT # P0300004934

1. Entity Name
FRANK'S RESTORATION COMMERCIAL EQUIPMENT, INC.



Principal Place of Business
**P O BOX 20772
 BRADENTON, FL 34204**

Mailing Address
**4509 BEE RIDGE RD
 SUITE C
 SARASOTA, FL 34233**

2. Principal Place of Business
PO Box 1181
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 1181
 Suite, Apt. #, etc.

City & State
Sarasota FL

City & State
Sarasota FL

Zip
34230 Country
USA

Zip
34230 Country
USA



01132005 Chg-P CR2E034 (10/03)

4. FEI Number
55-0817036

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent --
**PALACIOS, FRANKLIN Q
 4509 BEE RIDGE RD
 SUITE C
 SARASOTA, FL 34233**

7. Name and Address of New Registered Agent.
 Name **Franklin Q. Palacios**
 Street Address (P.O. Box Number is Not Acceptable)
2106 Seward
 City **Sarasota FL** Zip Code **34234**

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 *Franklin Q. Palacios* DATE **1-13-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WOLFINGER, ENOLA H 4509 BEE RIDGE RD SUITE C SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREs PALACIOS, FRANKLIN Q P O BOX 20772 BRADENTON, FL 34204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Palacios, Franklin Q Po Box 1181 Sarasota, FL 34230 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE: *Franklin Q. Palacios* DATE **1-13-04** DAYTIME PHONE # **941-650-0210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR