

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90036 019 ***150.00

DOCUMENT # P03000087066

1. Entity Name
FRANK LOOSE, INC.



Principal Place of Business
**2138 SW IMPERIAL ST.
PORT SAINT LUCIE, FL 34987**

Mailing Address
**1958 SE PT. ST. LUCIE BLVD.
PT. ST. LUCIE, FL 34952**

DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0143230

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOOSE, FRANKLIN B
2138 SW IMPERIAL ST.
PORT SAINT LUCIE, FL 34987**

**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 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 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
LOOSE, FRANKLIN B
2138 SW IMPERIAL ST.
PORT SAINT LUCIE, FL 34987**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
VEGA, ALFREDO V
830 SE CAVERN AVE.
PORT SAINT LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
LOOSE, DORIS B
2138 SW IMPERIAL ST.
PORT SAINT LUCIE, FL 34987**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 B. Loose *Franklin B. Loose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-05 **772-336-0134**
Date Daytime Phone #