



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # P04000161326 1. Entity Name ALL FRANK, INC.	
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Principal Place of Business 5722 GALLOWAY DR N. FT. MYERS, FL 33903	Mailing Address 5722 GALLOWAY DR N. FT. MYERS, FL 33903
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DO NOT WRITE IN THIS SPACE

	
05122008 No Chg-P	CR2E034 (11/05)
4. FEI Number 20-1937049	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANK, RUBY D
5722 GALLOWAY DR
N. FT. MYERS, FL 33903

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 _____ DATE 05/20/06-80066-019 158.75

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
Due by September 6, 2006

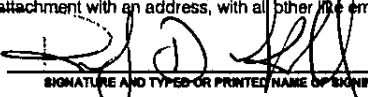
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK, STEPHEN R 5722 GALLOWAY DR N. FT. MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANK, RUBY D 5722 GALLOWAY DR N. FT. MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANK, JEROMY R 5722 GALLOWAY DR N. FT. MYERS, FL 33903
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 officers empowered.

SIGNATURE:  Ruby D Frank 5-12-06 239.656-0149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #