


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000028888
 1. Entity Name
 THE FRANK-N-WURST CONNECTION, INC.



| | |
|---|---|
| Principal Place of Business 1324 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250 | Mailing Address 1324 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250 |
|---|---|

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 59-3569988 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LATSHAW, JOHN H JR.
 3010 SOUTH THIRD STREET
 JACKSONVILLE BEACH, FL 32250

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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 _____

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 | D COLEMAN, AMY S 1255 S. NIPIGON AVENUE ATLANTIC BEACH, FL 32233 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FITZGERALD, YVONNE M 1137 CAPE CHARLES AVENUE ATLANTIC BEACH, FL 32233 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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 05/03/04-80059-020 150.00

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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 empowered.

SIGNATURE: Yvonne M. Fitzgerald **YVONNE M. FITZGERALD** **PRESIDENT** **904-**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 _____ 4-30-04 291-1985