

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

DOCUMENT # 224286

1. Entity Name
FRANK ELECTRIC CO. INC.



02-10-2006 90047 001 ***150.00
02-10-2006 90047 002 *****8.50

Principal Place of Business
**PO BOX 961
JENSEN BEACH, FL 34957**

Mailing Address
**PO BOX 961
JENSEN BEACH, FL 34957**

66001068



2. Principal Place of Business

Same
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

01122006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-0882912

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELANEY, JOSEPH
8225 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 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
**P
DELANEY, JOSEPH M.
1419 ELEANOR AVE
JENSEN BEACH, FL 34957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
DELANEY, JOHN A.
P. O. BOX 84
LEASBURG, MO 65535** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**ST
DELANEY, JOSEPH M., JR.
14 N. CEADER ST
LEASBURG, MO** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MCCORMACK, HETTIE
8209 S INDIAN RIVER DR
FT PIERCE, FL 34982** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #