


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 224286

1. Entity Name
FRANK ELECTRIC CO. INC.



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

66001068



2. Principal Place of Business 3. Mailing Address
Same Suite, Apt. #, etc.

01122006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
59-0882912 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
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, 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	P	<input type="checkbox"/> Delete
NAME	DELANEY, JOSEPH M.	
STREET ADDRESS	1419 ELEANOR AVE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	V	<input type="checkbox"/> Delete
NAME	DELANEY, JOHN A.	
STREET ADDRESS	P. O. BOX 84	
CITY-ST-ZIP	LEASBURG, MO 65535	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DELANEY, JOSEPH M., JR.	
STREET ADDRESS	14 N. CEADER ST	
CITY-ST-ZIP	LEASBURG, MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMACK, HETTIE	
STREET ADDRESS	8209 S INDIAN RIVER DR	
CITY-ST-ZIP	FT PIERCE, FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Joseph M Delaney (D) Feb 10 06 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR