
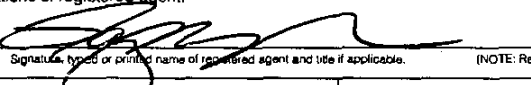
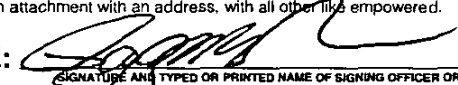


FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90393 040 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | |
|---|---|--|--|
| DOCUMENT # 273558 | |  | |
| 1. Entity Name FRTL, INC. | | | |
| Principal Place of Business 1801 ART MUSEUM DR JACKSONVILLE, FL 32207 | | Mailing Address C/O DENNIS D, FRICK P.O. BOX 4667 JACKSONVILLE, FL 32201 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | 1801 Art Museum Dr. Suite, Apt. #, etc. Suite 300 | |
| City & State | | City & State Jacksonville FL | |
| Zip | Country | Zip | Country |
| 32207-2580 | USA | 32207-2580 | USA |
| 4. FEI Number 59-1083647 | | 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 | | 7. Name and Address of New Registered Agent | |
| FRICK, DENNIS 155 EAST 21ST STREET JACKSONVILLE, FL 32206 | | Name Ray M. Van Lanningham Street Address (P.O. Box Number is Not Acceptable) 1801 Art Museum Drive Suite 300 City Jacksonville FL Zip Code 32207 | |
| 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:  | | Ray M. Van Lanningham 4/14/05 | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDC ANDERSON, JOHN E 1801 ART MUSEUM DR JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FRICK, DENNIS D 155 EAST 21ST STREET JACKSONVILLE, FL 32206 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MABBETT, JOHN R III 1801 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD VAN LANDINGHAM, RAY M 1801 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | Ray M. VanLanningham 4/14/05 904-396-5733 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

50038711



03232005 Chg-P CR2E034 (10/03)