

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 296191

Entity Name: F. R. P. CORPORATION

FILED  
Feb 08, 2005  
Secretary of State

## Current Principal Place of Business:

ST HWY 206  
PO BOX 818  
HASTINGS, FL 32145

## New Principal Place of Business:

235 ST. RD. 207  
UNIT#4  
ST. AUGUSTINE, FL 32084

## Current Mailing Address:

ST HWY 206  
PO BOX 818  
HASTINGS, FL 32145

## New Mailing Address:

235 ST. RD. 207  
BOX #7  
ST. AUGUSTINE, FL 32084

FEI Number: 59-1102004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLEEPER, CHARLES F  
ST HWY 206  
HASTINGS, FL 32045 US

## Name and Address of New Registered Agent:

SLEEPER, CHARLES F PRESIDE  
235 ST. RD. 207  
UNIT #4  
ST. AUGUSTINE, FL 32084 US

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.

SIGNATURE: CHARLES F. SLEEPER

02/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: SLEEPER, LILA P,  
Address: 17 OCEANS WOODS DR. WEST  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: P ( ) Delete  
Name: SLEEPER, CHARLES,  
Address: 17 OCEANS WOODS DR. WEST  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES F. SLEEPER

PRES

02/08/2005

Electronic Signature of Signing Officer or Director

Date