

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 296191

Entity Name: F. R. P. CORPORATION

FILED
Mar 17, 2006
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

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:

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 Chapter 119, 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

P

03/17/2006

Electronic Signature of Signing Officer or Director

Date