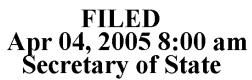
2005 FOR PROFIT CORPORATION ANNUAL REPORT



01-27-65

DOCUMENT # 341695 1. Entity Name FRASSRAND ESTATES, INCORPORATED						04-04-2005 9	0076 0	31 ***150	.00	
Principal Place of Business 31646 ST. JOE ROAD DADE CITY, FL 33525		Mailing Address 31646 ST. JOE ROAD DADE CITY, FL 33525								
2. Principal P	ace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01262005	Chg-P	CR2E	034 (10/03)		
City & State		City & State	City & State		4. FEI Numb			├ ─┼─	plied For	
Zip	Country	Zip	Zip Count			of Status Desired		\$8.75 Add Fee Required	itional	
	6. Name and Address of Curren	t Registered Agent	Istered Agent			7. Name and Address of New Registered Agent				
		Name								
14150 6TH	ROBERT D., ESQ. I STREET Y, FL 33525				Street Address (P.O. Box Number is Not Acceptable)					
DADE OITT, TE 33323				City				Zip Code		
9. The shave	named on the pulposite this statement	,	rad agant or be	oth in the State of Ele	FI	- '	-			
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										
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Con			.00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	DIRECTORS 11.			/CHANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRASSRAND, ARTHUR 33233 OLD ST JOE ROAD DADE CITY, FL	☐ Delete		1				☐ Change	Addition	
TITLE	VD	☐ Delete	TITLE	<u> </u>				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	FRASSRAND, FRANK 396 BEAVER CREEK			E EET ADDRESS -ST-ZIP					}	
TITLE NAME STREET ADDRESS	ZEPHYRHILLS, FL STD FRASSRAND, MATHILDA 31646 ST JOE ROAD	☐ Delete	TITLE	E				☐ Change	Addition	
CITY-ST-ZIP	DADE CITY, FL 33525			-ST-ZIP						
NAME		☐ Defete	NAM					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP						
TITLE NAME		☐ Delete	TITLI	- I				☐ Change	☐ Addition	
STREET ADDRESS			STRE	EET ADDRESS						
CITY+ST-ZIP TITLE		☐ Delete	TITLE	-\$T-ZIP	<u> </u>			☐ Change	☐ Addition	
NAME			NAM	1				-	ļ	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 faceiver or trustee empowered to execute this report as required by Chanter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if										