

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 341695**

1. Entity Name  
**FRASSRAND ESTATES, INCORPORATED**



Principal Place of Business

31646 ST. JOE ROAD  
DADE CITY, FL 33525

Mailing Address

31646 ST. JOE ROAD  
DADE CITY, FL 33525

**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1235231**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUMNER, ROBERT D., ESQ.  
14150 6TH STREET  
DADE CITY, FL 33525

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRASSRAND, ARTHUR
STREET ADDRESS	33233 OLD ST JOE ROAD
CITY-ST-ZIP	DADE CITY, FL
TITLE	VD
NAME	FRASSRAND, FRANK
STREET ADDRESS	396 BEAVER CREEK
CITY-ST-ZIP	ZEPHYRHILLS, FL
TITLE	STD
NAME	FRASSRAND, MATHILDA
STREET ADDRESS	31646 ST JOE ROAD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000738565  
01/30/08-80075-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK FRASSRAND**

**1/21/08 352-588-2428**

Date

Daytime Phone #