

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90282 048 ***150.00

DOCUMENT # 477343

1. Entity Name

FRENVEY, INC.



Principal Place of Business

155 SOUTHEAST COUNTRY CLUB ROAD
LAKE CITY FL 32056

Mailing Address

109 OLD COUNTRY CLUB ROAD
P.O. BOX 2095
LAKE CITY FL 32056

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

155 S.E. Country Club Rd

Suite, Apt. #, etc.

City & State

City & State

LAKE CITY FL

Zip

Country

Zip

32055

Country

4. FEI Number

59-1608829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

BORIS, HARVEY L.
OLD MILL ROAD
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

Michael H. Boris

Street Address (P.O. Box Number is Not Acceptable)

164 Southwest Vermont Way

City

LAKE CITY

FL

Zip Code

32055

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

Michael H. Boris

Michael H. Boris vlp

2/3/06

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	BORIS, PATRICIA F.	
STREET ADDRESS	996 NORTHWEST OLDE MILL DRIVE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BORIS, HARVEY	
STREET ADDRESS	996 NORTHWEST OLDE MILL DRIVE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BORIS, MARK D	
STREET ADDRESS	611 NORTHWEST BRONCO TERRACE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BORIS, MICHAEL H	
STREET ADDRESS	164 SOUTHWEST VERMONT WAY	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael H. Boris

3-2406

386 752-0067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #