



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90232 027 \*\*\*150.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # 543046</b><br>1. Entity Name<br><b>S. E. FRANKFORD &amp; ASSOCIATES, INC.</b>  |  |  |  |                      |  |
| Principal Place of Business<br><b>5889 S WILLIAMSON BLVD SUITE 1304<br/>PORT ORANGE, FL 32128 US</b>   |  |  | Mailing Address<br><b>5889 S WILLIAMSON BLVD SUITE 1304<br/>PORT ORANGE, FL 32128 US</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  | <b>50020474</b><br> |  |
| City & State   |  | City & State   |  | 01172005    Chg-P    CR2E034 (10/03)  |  |
| Zip  |  | Country  |  | 4. FEI Number<br><b>59-1753704</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>  |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LES STEVENS, ESQ<br/>6363 NW 61WAY<br/>STE 420<br/>FORT LAUDERDALE, FL 33309</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>STUART E. FRANKFORD</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5889 S. WILLIAMSON BLVD<br/>STE 1304</b><br>City <b>PORT ORANGE</b> <b>FL</b> Zip Code <b>32128</b> |   |  |
| 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 <i>Stuart E. Frankford</i><br><small>Signature, typed or printed name of registered agent and fee if applicable.</small>   |  | <b>STUART E. FRANKFORD</b><br><small>(NOTE: Registered Agent signature required when reinstalling)</small> |  | <b>2.25.05</b><br><small>DATE</small>   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>  |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>FRANKFORD, STUART E.<br>8460 KEVEN CIR<br>SHERRILLS FORD, NC 286739727 | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>FRANKFORD, BARBARA<br>8460 KEVEN CIR<br>SHERRILLS FORD, NC 286739727  | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>1824 RED WING COURT<br>PORT ORANGE FL. 32128                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>1824 RED WING COURT<br>PORT ORANGE FL. 32128                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| 12. I hereby certify that the information supplied with this filing 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 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: <i>Stuart E. Frankford</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | <b>STUART E. FRANKFORD</b>   |  | <b>2.25.05</b><br><small>Date</small>   |  |
| 386.788.7616<br><small>Daytime Phone #</small>   |  |  |  |   |  |