

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90010 009 \*\*\*150.00

**DOCUMENT # 543046**

1. Entity Name

S. E. FRANKFORD & ASSOCIATES, INC.



Principal Place of Business

5889 S WILLIAMSON BLVD SUITE 1304  
PORT ORANGE, FL 32128 US

Mailing Address

5889 S WILLIAMSON BLVD SUITE 1304  
PORT ORANGE, FL 32128 US

**DO NOT WRITE IN THIS SPACE**



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1753704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANKFORA, STUART E  
5889 S WILLIAMSON BLVD  
STE 1304  
PORT ORANGE, FL 32128

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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, 2006 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 FRANKFORD, STUART E.  
STREET ADDRESS 1824 RED WING CT  
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE STD  
NAME FRANKFORD, BARBARA  
STREET ADDRESS 1824 RED WING CT  
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

*Stuart E. Frankford* **STUART E. FRANKFORD Pres** 3-14-06 786-7616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #