


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90155 032 ***150.00

DOCUMENT # 606422 1. Entity Name FRSA SERVICES CORPORATION					
Principal Place of Business 4111 METRIC DR PO DRAWER 4850 WINTER PARK, FL 32792			Mailing Address P.O BOX 4850 WINTER PARK, FL 32793		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUNNELL, STEPHEN 4111 METRIC DR WINTER PARK, FL 32792			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNNELL, STEPHEN W		NAME		
STREET ADDRESS	4111 METRIC DR		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL		CITY - ST - ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHESHIRE, JIM		NAME		
STREET ADDRESS	P.O BOX 547938		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32854		CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REGISTER, GARY		NAME		
STREET ADDRESS	1963 SALT MYRTLE LANE		STREET ADDRESS		
CITY - ST - ZIP	ORANGE PARK, FL 32003		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUIKART, MELANIE		NAME	SWOPE, KEITH	
STREET ADDRESS	P O BOX 15636		STREET ADDRESS	1700 E. ELLICOTT ST.	
CITY - ST - ZIP	WEST PALM BEACH, FL 33416		CITY - ST - ZIP	TAMPA, FL 33610	
TITLE	ST <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONE, WILLIAM		NAME		
STREET ADDRESS	3601 NW 10TH AVE		STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE, FL 33309		CITY - ST - ZIP		
TITLE	PE <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEWSKI, DAVID		NAME		
STREET ADDRESS	6195 E. SAWGRASS RD.		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34240		CITY - ST - ZIP		
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: <i>Stephen W. Munnell</i> Stephen W Munnell 4/10/06 407.671.3772 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04042006 Chg-P CR2E034 (11/05)

4. FEI Number **59-1871844** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required