

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # F00169

1. Entity Name
FRAZIER JEWELERS, INC.



Principal Place of Business
**2925 CORINTHIAN AVENUE
JACKSONVILLE, FL 32210**

Mailing Address
**2925 CORINTHIAN AVENUE
JACKSONVILLE, FL 32210**



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2032475

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAURICE W FRAZIER
2925 CORINTHIAN AVE
JACKSONVILLE, FL 32210**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000617903
02/08/07-80007-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRAZIER, MAURICE W. 6325 COMMODORE DRIVE JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT FRAZIER, CAROLYN AKERS 6325 COMMODORE DRIVE JACKSONVILLE, FL 32244
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**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.

CAROLYN A. FRAZIER

SIGNATURE: Carolyn A Frazier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07

Date

904-388-7788

Daytime Phone #