

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F20426**

1. Entity Name  
**FRAZIER & FRAZIER, ATTORNEYS AT LAW, P.A.**



Principal Place of Business  
**1515 RIVERSIDE AVE, STE A  
JACKSONVILLE, FL 32204**

Mailing Address  
**1515 RIVERSIDE AVE, STE A  
JACKSONVILLE, FL 32204**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2056064**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FRAZIER, WILLIAM R  
1515 RIVERSIDE AVE, STE A  
JACKSONVILLE, FL 32204**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROBINSON, FRAZIER W. 3420 PINE STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FRAZIER, WILLIAM R 1515 RIVERSIDE AVE JACKSONVILLE, FL 0,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRAZIER, W ROBINSON 3420 PINE ST JACKSONVILLE, FL 0,
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01/12/04-80020-025 150.00

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IN THIS SPACE**

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:** W. Robinson Frazier 1/8/04 904/353-5616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #