

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90016 002 ***150.00

44022849



03242004 Chg-P CR2E034 (10/03)

4. FEI Number **34-1785445** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZIER, ROBERT C SR
5220 BRITTANY DRIVE
SUITE 5 AP 304
SAINT PETERSBURG, FL 33715

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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	PCFO	<input type="checkbox"/> Delete
NAME	FRAZIER, ROBERT C SR	
STREET ADDRESS	2950 NORTH BEACH ROAD UNIT A334	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRAZIER, CONSTANCE M PD	
STREET ADDRESS	3286 EDINGTON ROAD	
CITY-ST-ZIP	FAIRLAWN, OH 34223	
TITLE	DEV	<input type="checkbox"/> Delete
NAME	NEWBAUER, JEROME	
STREET ADDRESS	1479 KARL DRIVE	
CITY-ST-ZIP	AKRON, OH 44321	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRAZIER, KATHLEEN M	
STREET ADDRESS	4432 RIDGEWOOD ROAD	
CITY-ST-ZIP	AKRON, OH 44321	
TITLE	VCDV	<input type="checkbox"/> Delete
NAME	FRAZIER, ROBERT C JR	
STREET ADDRESS	W 145-N 10184 RAIN TREE DRIVE	
CITY-ST-ZIP	GERMANTOWN, WI 53022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

22349 LA PALMA AVE, # D-110
YORBA LINDA, CA 92887

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: *Robert C. Frazier* **ROBERT C. FRAZIER** 03/26/04 330 666-0337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #