

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2007 08:00 AM  
Secretary of State

DOCUMENT # G58417

1. Entity Name

FRALEIGH ENTERPRISES, INC.



Principal Place of Business

608 HIGHLAND ST NORTH  
ST. PETERSBURG FL 33701  
US

Mailing Address

608 HIGHLAND ST NORTH  
ST PETERSBURG BEACH FL 33706  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2323183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRALEIGH, W T  
608 HIGHLAND STREET NORTH  
ST. PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTS ☐ Delete  
NAME FRALEIGH, DONNA C  
STREET ADDRESS ONE BEACH DRIVE, SUITE 1607  
CITY- ST- ZIP ST. PETERSBURG FL

☐ Change ☐ Addition  
U00000618808  
02/08/07-80045-009 150.00 -

TITLE VD ☐ Delete  
NAME FRALEIGH, PAUL W  
STREET ADDRESS 10615 CHAMBERG DR  
CITY- ST- ZIP TAMPA FL 33626

☐ Change ☐ Addition

TITLE PD ☐ Delete  
NAME FRALEIGH, WILLIAM T  
STREET ADDRESS ONE BEACH DRIVE SUITE 1607  
CITY- ST- ZIP ST. PETERSBURG FL

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM T FRALEIGH PRESIDENT

727.825.0629  
FEB/07