

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

04-12-2005 90143 018 ***150.00

DOCUMENT # J16162 1. Entity Name FRY & OLENICK, P.A.	
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Principal Place of Business 154 SE WELLS DR STUART, FL 34996 US	Mailing Address 154 SE WELLS DR STUART, FL 34996 US
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DO NOT WRITE IN THIS SPACE

03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2692431	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FRY, STEPHEN
154 SE WELLS DR
STUART, FL 34996**

**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 renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

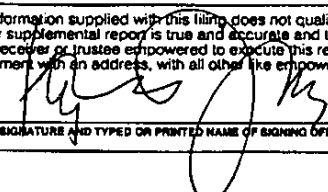
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRY, STEPHEN
STREET ADDRESS	154 SE WELLS DR.
CITY - ST - ZIP	STUART, FL 34996
TITLE	DVST
NAME	OLENICK, MICHAEL H.
STREET ADDRESS	PO DRAWER 190
CITY - ST - ZIP	TALLAHASSEE, FL 32302
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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:  **5/2/05** **772-288-5925**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #