

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J45166**

1. Entity Name  
**H. MAX FRICKER & ASSOCIATES, INC.**



Principal Place of Business  
**2401 PGA BLVD  
SUITE 148  
PALM BEACH GARDENS, FL 33410 US**

Mailing Address  
**2401 PGA BLVD  
SUITE 148  
PALM BEACH GARDENS, FL 33410 US**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2744360**

Applied For  
Not Applicable

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

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

**FRICKER, H. MAX  
2401 PGA BLVD  
STE 148  
PALM BEACH GARDENS, FL 33410**

**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 reconstituting)

000000632817

02/21/07-80037-006 158.75

**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**

**10. OFFICERS AND DIRECTORS**

TITLE  
**PD**  
NAME  
**FRICKER, H. MAX**  
STREET ADDRESS  
**2401 PGA BLVD., STE 148**  
CITY-ST-ZIP  
**PALM BEACH GARDENS, FL 33410**

TITLE  
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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.

**SIGNATURE:** H. Max Fricker, PD 1-18-07 (561) 625-1005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #