

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90415 045 ***150.00

DOCUMENT # L28964

1. Entity Name
FRANK T. FUNKE III ASSOCIATES INC.



Principal Place of Business
**8391 150TH CT NORTH
WEST PALM BEACH, FL 33418**

Mailing Address
**P.O. BOX 240
JUPITER, FL 33468**

DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0161367

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FUNKE, FRANK T III
150TH CT NORTH
WEST PALM BEACH, FL 33418**

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

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

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FUNKE, FRANK T III**
STREET ADDRESS **8391 150TH CT NORTH**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **VP**
NAME **FUNKE, MICHELLE F**
STREET ADDRESS **8391 150TH CT NORTH**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

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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: *Frank T Funke III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 561-626-0666