

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # L47046 1. Entity Name STAN FREDERICO, P.A.				
Principal Place of Business C/O STAN FREDERICO 865 S. GULFVIEW BLVD., #112 CLEARWATER BEACH FL 33767			Mailing Address C/O STAN FREDERICO 865 S. GULFVIEW BLVD., #112 CLEARWATER BEACH FL 33767	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		
Country		Country		
4. FEI Number 65-0173431		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent FREDERICO, STAN 865 S. GULFVIEW BLVD. #112 CLEARWATER BEACH FL 34630	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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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: *Stan Frederico* DATE: 3/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	D FREDERICO, STANLEY L. <input type="checkbox"/> Delete 865 S GULFVIEW BLVD #112 CLEARWATER BCH. FL	TITLE NAME	
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
Change <input type="checkbox"/> Add <input type="checkbox"/>		Change <input type="checkbox"/> Add <input type="checkbox"/>	
Change <input type="checkbox"/> Add <input type="checkbox"/>	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Add <input type="checkbox"/>	Delete <input type="checkbox"/>
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Change <input type="checkbox"/> Add <input type="checkbox"/>	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Add <input type="checkbox"/>	Delete <input type="checkbox"/>

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: *Stan Frederico* DATE: 3/12/07 TELEPHONE: 727/446-3284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #