

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

P00000012204


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05 OCT -3 AM 9:34

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TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (5/05)

DOCUMENT # P00000012204			
1. Entity Name FRANGIPANI, INC.			
Principal Place of Business 14830 CAPTIVA DRIVE CAPTIVA FL 33924		Mailing Address POST OFFICE BOX 425 CAPTIVA FL 33924	
2. Principal Place of Business 1986 MY TERN CT		3. Mailing Address 1986 MY TERN CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SANIBEL, FL		City & State SANIBEL, FL	
Zip 33957	Country LEE	Zip 33957	Country LEE
4. FEI Number 65-0982983		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOREY, HARTLEY 1986 MY-TERN COURT SANIBEL FL 33957		7. Name and Address of New Registered Agent 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 <u><i>Hartley Morey</i></u> DATE <u>9/9/05</u> <small>Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD MOREY, HARTLEY 1986 MY-TERN COURT SANIBEL FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060499896 10/11/05--01063--005 **558.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD GERLACH, RICHARD 1826 ARDSLEY WAY SANIBEL FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD GERLACH, ELIZABETH 1826 ARDSLEY WAY SANIBEL FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD MOREY, ANNE 1986 MYSTERN CT SANIBEL FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Hartley Morey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>9/9/05</u> 839-472-3272 <small>Daytime Phone #</small>	