

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90036 037 \*\*\*158.75

DOCUMENT # P00000016282

1. Entity Name

FRANKS STAYPUT, INC.



Principal Place of Business

725 AVE. H NE  
WINTER HAVEN FL 33881

Mailing Address

725 AVE. H NE  
WINTER HAVEN FL 33881

2. Principal Place of Business

9588 NE JACKSONVILLE RD.

Suite, Apt. #, etc.

# 27

3. Mailing Address

P.O. BOX 101

Suite, Apt. #, etc.

City & State

ANTHONY, FL.

City & State

ANTHONY, FL.

Zip

32617

Country

MARION

Zip

32617

Country

MARION

6. Name and Address of Current Registered Agent

GRIFFIN, FRANK M  
725 AVE. H N.E.  
WINTER HAVEN FL 33881

4. FEI Number

59-3634841

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE BVPS ☐ Delete  
NAME BARROM, FRANK  
STREET ADDRESS 5840 HWY 542 W  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE PT ☐ Delete  
NAME GRIFFIN, FRANK M  
STREET ADDRESS 725 AVE H NE  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE BVP ☒ Change ☐ Addition  
NAME BARROM, FRANK  
STREET ADDRESS P.O. BOX 101  
CITY-ST-ZIP ANTHONY, FL 32617

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK BARROM

Date

Daytime Phone #

2-13-05 412 8287