

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90021 008 ***158.75

DOCUMENT # P00000040033

1. Entity Name

FRAZIER APPLIANCE REPAIR, INC.



Principal Place of Business

6201 GOETHE ST
102
ORLANDO FL 32835

Mailing Address

POB 617173
ORLANDO FL 32861-7173



2. Principal Place of Business - No P.O. Box #

6201 GOETHE ST,
Suite, Apt. #, etc.
102

3. Mailing Address

6201 GOETHE ST
Suite, Apt. #, etc.
102

1st MOORE

CR2E034 (10/07)

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

Zip

32835

Country

ORANGE

Zip

32835

Country

ORANGE

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, VICTOR S
6201 GOETHE ST, # 102
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name *NONE*

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]

3-28-08

(Signature, title, and address of registered agent and one incorporator)

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	D	<input type="checkbox"/> Delete
NAME	FRAZIER, VICTOR S	
STREET ADDRESS	216 KILLINGTON CT.	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>NONE</i>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-08 (407) 492-6708