

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000062541

1. Entity Name
DANA M. FRYE INVESTMENTS, INC.



Principal Place of Business
3595 MANASSAS AVENUE
MELBOURNE, FL 32934

Mailing Address
3595 MANASSAS AVENUE
MELBOURNE, FL 32934



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3657968 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRYE, DANA M
3595 MANASSAS AVENUE
MELBOURNE, FL 32934

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

U00000471822
03/29/06-80012-004 150.00

TITLE D
NAME FRYE, DANA M
STREET ADDRESS 3595 MANASSAS AVENUE
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE D
NAME FRYE, CATHERINE E
STREET ADDRESS 3595 MANASSES AVE
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 321-752-0473
Date Daytime Phone #