

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90100 037 ***150.00

DOCUMENT # P00000099852

1. Entity Name
**FRAZER DISTRIBUTION PURCHASING &
CONSOLIDATION, INC.**



Principal Place of Business

**1009 S.E. 14TH TERRACE
DEERFIELD BEACH, FL 33441**

Mailing Address

**1009 S.E. 14TH TERRACE
DEERFIELD BEACH, FL 33441**

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number

22-3790001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VIOLA, LAURIE
1353 SE 7TH COURT
DEERFIELD BEACH, FL 33441**

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IN THIS SPACE**

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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FRAZER, DANIEL E
STREET ADDRESS 1009 S.E. 14TH TERRACE
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE D
NAME FRAZER, LESLIE
STREET ADDRESS 1009 S.E. 14TH TERRACE
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

1-18-07
Date

954-486-2177
Daytime Phone #