



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000117835 1. Entity Name KIM F. FRAZIER, INC.					
Principal Place of Business 4150 SOUTH TAMiami TRAIL SARASOTA, FL 34231		Mailing Address 4150 SOUTH TAMiami TRAIL SARASOTA, FL 34231			
DO NOT WRITE IN THIS SPACE					
				 04222004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1062478		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FRAZIER, KIM F 4150 SOUTH TAMiami TRAIL SARASOTA, FL 34231				DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		U000000135641 04/28/04-80066-023 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P FRAZIER, KIM F 1036 GROVELAND AVENUE VENICE, FL 34292			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Kim F Frazier Pres</u> Kim F Frazier Pres <u>4/28/04</u> <u>941 926 8715</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					