


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90007 049 ***150.00

DOCUMENT # P01000025817		
1. Entity Name JEANNE FRASER SALES, INC.		

44045752

Principal Place of Business 4079 GREYSTONE DR. CLERMONT, FL 34711	Mailing Address 4079 GREYSTONE DR. CLERMONT, FL 34711
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2. Principal Place of Business 6575 Time Square Ave., #102	3. Mailing Address 6575 Time Square Ave., #102
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102
City & State Orlando, FL	City & State Orlando, FL
Zip 32835	Country USA



01262004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3710675	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE, CHARLES R. L ESQ. 725 NORTH A1A, STE. E-102 JUPITER, FL 33477	7. Name and Address of New Registered Agent Name Jeanne Fraser Street Address (P.O. Box Number is Not Acceptable) 6525 Time Square Ave., #102 City Orlando FL Zip Code 32835
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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  DATE **5-17-04**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME FRASER, JEANNE M		NAME 6575 Time square Ave. #102	
STREET ADDRESS 4079 GREYSTON DR.		STREET ADDRESS Orlando, FL 32835	
CITY-ST-ZIP CLERMONT, FL 34711		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-04

Date

Daytime Phone #



240 Mohawk Road
Clermont, Florida 34711
352-394-4048
Fax 352-394-3272

Attachment
44045752
Assured Accounting Concepts, Inc.

#PO 1000025817
119 W. Lemon Street
Lady Lake, Florida 32159
352-753-1337
Fax 352-753-9336

May 11, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Jeanne Fraser Sales, Inc.
59-3710675

Dear Sir or Madam:

Enclosed please find check #546 in the amount of \$150.00. The above referenced corporation did not receive the postcard regarding the 2004 Uniform Business Report. The corporation had moved and the postcard was not forwarded to the new address.

We understand that it is our responsibility to provide a change of address to the state so that this problem does not occur. We are respectfully requesting that the penalties be waived this time. We made a human error and the penalties would create a financial hardship.

Please consider this one-time request. Thank you for your consideration in this matter.

Very truly yours,

Peggy L. Abraham

PLA/mm
Enc.