

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90103 003 ***150.00

DOCUMENT # P01000025999

1. Entity Name

CHARMANE FRASE, INC.



Principal Place of Business

1288 WEST FAIRBANKS AVENUE
WINTER PARK FL 32789

Mailing Address

605 MIMOS TERR
SANFORD FL 32773



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

3. Mailing Address

605 Mimosa Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sanford FL

Zip

Country

Zip

32773

Country

USA

4. FEI Number

59-3705372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

WOODS, JONATHAN D ESQ.
425 W. COLONIAL DRIVE
SUITE 204
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

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, 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
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: PSTD ☐ Delete
NAME: FRASE, CHARMANE
STREET ADDRESS: 1288 W FAIRBANKS AVE
CITY - ST - ZIP: WINTER PARK FL 32789

TITLE: D ☐ Delete
NAME: FRASE, CHARMANE
STREET ADDRESS: 1283 W FAIRBANKS AVE
CITY - ST - ZIP: WINTER PARK FL 32789

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Change ☐ Addition
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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:

Charmane Frase Charmane Frase President 1/31/07 407-322-6695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #