


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2006 08:00 A
Secretary of State

DOCUMENT # P01000026102 1. Entity Name RALPH FRENDEL, P.A.	
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Principal Place of Business 4780 WEST BLVD NAPLES, FL 34103	Mailing Address 4780 WEST BLVD NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



07252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3727773	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

FRENDEL, RALPH
4780 WEST BLVD.
NAPLES, FL 34103

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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 Ralph P. Frenzel 8/7/06
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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRENDEL, RALPH 4780 WEST BLVD NAPLES, FL 34103
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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: Ralph P. Frenzel 8/7/06 239 262 4066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #