


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90035 031 ***150.00

DOCUMENT # P01000053069		
1. Entity Name FRISKY BUSINESS, INC.		

Principal Place of Business 5636 LAWTON DR SARASOTA, FL 34233 US	Mailing Address 5900 S. TAMiami TRAIL SUITE 1 SARASOTA, FL 34231 US
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40004570



2. Principal Place of Business		3. Mailing Address <i>P.O. Box 19319</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>SARASOTA, FL</i>	
Zip	Country	Zip <i>34276</i>	Country <i>USA</i>

01152005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1103385	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 TRACY, CATHERINE L 5900 S. TAMiami TRAIL SUITE 1 SARASOTA, FL 34231	
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7. Name and Address of New Registered Agent	
Name <i>TRACY, CATHERINE L.</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>3058 Constitution Blvd.</i>	
City <i>SARASOTA</i>	FL Zip Code <i>34231</i>

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 <i>Catherine L. Tracy</i>	DATE <i>1-15-05</i>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST BERRY, LOREN E 5636 LAWTON RD SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Loren Berry</i>	Date <i>1-20-05</i>	Daytime Phone #
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