


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000055558**

1. Entity Name  
**D. FRIAR INC.**



Principal Place of Business <b>129 SW WALTON GLN.          FORT WHITE, FL 32038</b>	Mailing Address <b>P.O. BOX 268          FORT WHITE, FL 32038</b>
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**DO NOT WRITE IN THIS SPACE**



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3720817</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

**FRIAR, DAVID E  
 129 SW WALTON GLN.  
 FORT WHITE, FL 32038**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P FRIAR, DAVID E 129 SW WALTON GLN. FORT WHITE, FL 32038
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 01/08/07-80041-019 158.75

**DO NOT WRITE IN THIS SPACE**

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:  **David Friar** 01-06-07 352-262-1773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #