2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000012498

1. Entity Name
J. SHERMAN FRIER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
130 W. HOWARD ST. LIVE OAK, FL 32064	130 W. HOWARD ST. LIVE OAK, FL 32064

DO NOT WRITE IN THIS SPACE

01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0395010

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIER, J. SHERMAN
130 W. HOWARD ST.
LIVE OAK, FL 32064

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRIER, J. SHERMAN
STREET ADDRESS	4217 US 129 NORTH
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	FRIER, DONNA
STREET ADDRESS	4217 US 129 NORTH
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	ALCORN, TIMOTHY B
STREET ADDRESS	14549 CR 250
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	ALCORN, ANNETTE M
STREET ADDRESS	14549 CR 250
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/05-80083-008 150.00

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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: Annette Alcorn 1-26-05 3863624629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #