

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000012498

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



Principal Place of Business

**130 W. HOWARD ST.
LIVE OAK, FL 32064**

Mailing Address

**130 W. HOWARD ST.
LIVE OAK, FL 32064**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000796925

01/23/08 80053-011 150.00

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	

**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:

J. SHERMAN FRIER, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-08