

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90093 004 \*\*\*150.00

DOCUMENT # P02000014584

1. Entity Name  
**MARIE FRICK, INC.**



Principal Place of Business      Mailing Address

7945 FOXWOOD DR.      7945 FOXWOOD DR.  
 NEW PORT RICHEY, FL 34653      NEW PORT RICHEY, FL 34653

2. Principal Place of Business      3. Mailing Address

*10403 Copperwood DR.*      *10403 Copperwood DR.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*N.P.R. FL*      *N.P.R FL*

Zip      Country      Zip      Country

*34654*      *USA*      *34654*      *USA*

04142006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**02-0554703**      Not Applicable

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

6. Name and Address of Current Registered Agent

**FRICK, MARIE**  
**10403 COPPERWOOD DR**  
**NEW PORT RICHEY, FL 34654**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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: *Marie Frick*      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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	FRICK, MARIE	
STREET ADDRESS	10403 COPPERWOOD DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	V	<input type="checkbox"/> Delete
NAME	FICK, THOMAS J	
STREET ADDRESS	10403 COPPERWOOD DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Marie Frick*      Date: *4-14-06*      Daytime Phone #: *727 845-0800*

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

00000000

