


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000070055 1. Entity Name F.R. ASSOCIATES, INC.	
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Principal Place of Business 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS, FL 32701	Mailing Address 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS, FL 32701
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01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0613624	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAY, CHARLES M
631 PALM SPRINGS DRIVE
SUITE 116
ALTAMONTE SPRINGS, FL 32701

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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, 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	PD
NAME	RIPPE, DAVID J MD
STREET ADDRESS	631 PALM SPRINGS DRIVE SUITE 116
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	TD
NAME	MAY, CHARLES M
STREET ADDRESS	631 PALM SPRINGS DRIVE SUITE 116
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	SD
NAME	FARLEY, TIMOTHY E MD
STREET ADDRESS	631 PALM SPRINGS DRIVE SUITE 116
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/24/05-80040-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #