

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90053 031 ***150.00

DOCUMENT # P02000070055 1. Entity Name F.R. ASSOCIATES, INC.			
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	
2. Principal Place of Business 150 N WESTMONTE DR Suite, Apt. #, etc.		3. Mailing Address 150 N WESTMONTE DR Suite, Apt. #, etc.	
City & State ALTAMONTE SPRINGS FL Zip 32714 Country SEMINOLE		City & State ALTAMONTE SPRINGS FL Zip 32714 Country SEMINOLE	
4. FEI Number 02-0613624		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 150 N WESTMONTE DR City ALTAMONTE SPRINGS 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIPPE, DAVID J MD 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAY, CHARLES M 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARLEY, TIMOTHY E MD 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		SIGNATURE:	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 407-767-0433 Daytime Phone #	