

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 07, 2007 08:00 AM**

**Secretary of State**

*Dept. of State*

**DOCUMENT # P02000106792**

1. Entity Name  
**FRIENDLY FRANKIE'S V.P., INC.**



Principal Place of Business  
**2422 SANTA BARBARA BLVD  
CAPE CORAL, FL 33914**

Mailing Address  
**POST OFFICE BOX 156  
MATLACHA, FL 33993**



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**04-3715345**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FRANK, RICHARD  
2763 GEARY STREET  
MATLACHA, FL 33993**

**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~~  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
FRANK, RICHARD  
POST OFFICE BOX 156  
MATLACHA, FL 33993**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
FRANK, MATTHEW  
PO BOX 156  
MATLACHA, FL 33993**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
FRANK, ANTHONY  
PO BOX 156  
MATLACHA, FL 33993**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TRES  
FRANK, ELIZABETH  
PO BOX 156  
MATLACHA, FL 33993**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
FRANK, JOSEPH  
PO BOX 156  
MATLACHA, FL 33993**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000771568  
08/07/07-80008-005 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-3-2007 239-357-622**