


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90038 044 ***150.00

DOCUMENT # P03000004934 1. Entity Name FRANK'S RESTORATION COMMERCIAL EQUIPMENT, INC.					
Principal Place of Business P O BOX 20772 BRADENTON, FL 34204			Mailing Address 4509 BEE RIDGE RD SUITE C SARASOTA, FL 34233		
2. Principal Place of Business PO Box 1181 Suite, Apt. #, etc.		3. Mailing Address PO Box 1181 Suite, Apt. #, etc.			
City & State Sarasota FL Zip 34230		City & State Sarasota FL Zip 34230		4. FEI Number 55-0817036	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALACIOS, FRANKLIN Q 4509 BEE RIDGE RD SUITE C SARASOTA, FL 34233			7. Name and Address of New Registered Agent Name Franklin Q. Palacios Street Address (P.O. Box Number is Not Acceptable) 2106 Seward City Sarasota FL Zip Code 34234		
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 <u><i>Franklin Q. Palacios</i></u> 1-13-04 <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, 2005 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	SEC WOLFINGER, ENOLA H 4509 BEE RIDGE RD SUITE C SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PALACIOS, FRANKLIN Q P O BOX 20772 BRADENTON, FL 34204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Palacios, Franklin Q PO Box 1181 Sarasota, FL 34230		
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		
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		
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 exemption stated in Section 119.07(3)(i), 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: <u><i>Franklin Q. Palacios</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-13-04</u> Daytime Phone # <u>941-650-0210</u>		