

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90078 042 ***158.75

DOCUMENT # P03000004934

1. Entity Name

FRANK'S RESTORATION COMMERCIAL EQUIPMENT, INC.



Principal Place of Business

Mailing Address

~~P O BOX 1181~~ **2106 Seward Dr.**
SARASOTA FL 34234

P O BOX 1181
SARASOTA FL 34234

DEPARTMENT OF STATE
FOR DEPOSIT ONLY



2. Principal Place of Business

3. Mailing Address

2106 Seward Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

Zip **34234** Country **USA**

Zip Country

4. FEI Number

55-0817036

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALACIOS, FRANKLIN Q
2106 SEWARD
SARASOTA FL 34234

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Delete
NAME **PALACIOS, FRANKLIN Q**
STREET ADDRESS **P O BOX 20772**
CITY-ST-ZIP **BRADENTON FL 34204**

TITLE **President** ☒ Change ☒ Addition
NAME **Franklin Q. Palacios**
STREET ADDRESS **2106 Seward Dr.**
CITY-ST-ZIP **Sarasota, FL 34234**

TITLE **P** ☒ Delete
NAME **PALACIOS, FRANKLIN Q**
STREET ADDRESS **P O BOX 1181**
CITY-ST-ZIP **SARASOTA FL 34230**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 Section 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:

Franklin Q. Palacios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06 (941) 650-0210
Date Daytime Phone #