

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008437

Entity Name: FRICKEN WORKS, INC

FILED  
Apr 24, 2012  
Secretary of State

**Current Principal Place of Business:**

9460 134TH WAY NORTH  
SEMINOLE, FL 33776 US

**New Principal Place of Business:**

**Current Mailing Address:**

9460 134TH WAY NORTH  
SEMINOLE, FL 33776 US

**New Mailing Address:**

FEI Number: 20-0859838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KING, JEFF  
9460 134TH WAY NORTH  
SEMINOLE, FL 33776 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: MAKOWSKI, JANELLE  
Address: 11209 SPRING STREET  
City-St-Zip: LARGO, FL 33774

Title: D  
Name: MAKOWSKI, BOB  
Address: 11209 SPRING STREET  
City-St-Zip: LARGO, FL 33774

Title: S  
Name: MASSIE, CINDY  
Address: 19 ISLAND DRIVE  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: VP  
Name: MASSIE, DAVE  
Address: 19 ISLAND DRIVE  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D  
Name: KING, PAM  
Address: 9460 134TH WAY  
City-St-Zip: SEMINOLE, FL 33776

Title: P  
Name: KING, JEFF  
Address: 9460 134TH WAY  
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFF KING

P

04/24/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date