

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000011014

1. Entity Name

FDR ADVERTISING INC.



Principal Place of Business
1241 POINSETTA DRIVE
APOPKA FL 32703

Mailing Address
1241 POINSETTA DRIVE
APOPKA FL 32703



1st MOORE

CR2E034 (10/06)

4. FEI Number 32-0058489

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, FRANK
1241 POINSETTA DRIVE
APOPKA FL 32703

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2007 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

TITLE D ☐ Delete
NAME RICHARDSON, FRANK
STREET ADDRESS 1241 POINSETTA DRIVE
CITY ST ZIP APOPKA FL 32703

TITLE ☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

000000616013
02/07/07-80011-006 150.00

☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

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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

Frank Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK RICHARDSON

Date

Daytime Phone #