2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000011836

1. Entity Name THOMAS F. FRASER, P.A.



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

5651 COPORATE WAY

SUITE 1

WEST PALM BEACH, FL 33407 US

Mailing Address

5651 COPORATE WAY

SUITE 1

WEST PALM BEACH, FL 33407 U



DO	NOT	WRIT	E IN	THIS	SPACE

01192007 No Chg-P CR2E034 (11/05)

4. FEi Number 02-0671895 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

FRASER, THOMAS F 5651 CORPORATE WAY SUITE 1 WEST PALM BEACH, FL 33407

DO	NOT	WR	ITE
IN.	THIS	SPA	CE

WEST PALM BEACH, FL 33407			IN THIS SPACE							
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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 pr	nted name of registered agent and title if ap	plicable (NOTE. Registered Ag	eni signature	required when reinstating)	DA	7E				
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution			9 🗆	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIRECTO	ORS		100						
TITLE P NAME FRASER, TH STREET ADDRESS 5651 CORPC CITY-ST-ZIP WEST PALM										
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12 hereby celling that the interest of the control of t	ormation supplied with this filing	pt does not qualify for the expense	None occ		O Florida Clausea Liustana					

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 of 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 addiess, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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561 685 0872

Daytime Phone #