

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000055692**

FRAZIER & FRAZIER ENTERPRISES, INC.



FILED Mar 21, 2008 08:00 Al Secretary of State

Principal Place of Business

1401 US HWY 17 NORTH FT MEADE, FL 33841

Mailing Address

1401 US HWY 17 NORTH FT MEADE, FL 33841



03132008

No Chg-P

CR2E034 (11/05)

4. FEI Number 76-0733640

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, CLAYTON W **433 WILLOW OAK COURT** FT MEADE, FL 33841

## DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

## FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be

U000000865590 04/07/08-80034-022 150.00

After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.			Ш	Added to Fees			
10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRAZIER, CLAYTON W 433 WILLOW OAK COURT FT MEADE, FL 33841						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FRAZIER, TAMMY C 433 WILLOW OAK COURT FT MEADE, FL 33841						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT	VRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE 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 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 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:

Inution WFrazIER

3-18.00 967-285-8241