

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000077512

1. Entity Name
FREI ASSOCIATES, INC.



Principal Place of Business

8552 SE SOUNDINGS PL.
HOBE SOUND, FL 33455

Mailing Address

8552 SE SOUNDINGS PL.
HOBE SOUND, FL 33455



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1197661

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FREI, HANS
8552 SE SOUNDINGS PL.
HOBE SOUND, FL 33455

**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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000474652
04/04/06-80029-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FREI, HANS
STREET ADDRESS	8552 SE SOUNDINGS PL.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	V
NAME	FREI, GAIL
STREET ADDRESS	8552 SE SOUNDINGS PL.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hans Frei, Pres.

DATE

Daytime Phone #

3-15-06 33-546-3095