2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2007 08:00 All Secretary of State

ANNUAL REPORT					Apr	06, 200/ 08:0
DOCUMENT # P03000087066				2	S	Secretary of St
1. Entity Name FRANK LOOSE, INC.						•
FRANK L	OOSE, INC.		(49)			
			1			
Principal Place		Mailing Address				
2138 SW IMF	PERIAL ST. Lucie, Fl. 34987	1958 SE PT. ST. LUCIE BLVD. PT. ST. LUCIE, FL 34952			•	
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				01032007	No Chg-P	CR2E034 (11/05)
	ONOT WRITE	IN THIS SPA	CE	4. FEI Numt	oer	Applied For
			m was a second	20-01		Not Applicable
				5. Certificat	e of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					The state of the s	Carlotte Control of the Control of t
LOOSE E	RANKLIN B					
2138 SW IMPERIAL ST.				ു ൂലയ	NOT W	KME
PORT SAINT LUCIE, FL 34987			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N	THIS SP	ACE
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D. The element	·		La distriction			The Board Control of Control
	named entity submits this statement for thions of registered agent.	le purpose oi changing its register	ea onice or re	gistered agent, or b	oin, in the State of Flor	rida. I am tamiliar with, and accept
SIGNATURE_						
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	ed Agent signature i	equired when reinstating)		DATE
Fil	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina	ncing	\$5.00 May Be	U000	00692667 7-80009-007 150.00
After May 1, 2007 Fee will be \$550.00		Trust Fund Contribution.		Added to Fees	04/16/0	(-80003-001 150.00
10.	OFFICERS AND DI	RECTORS	in significan			fall and Market 1837
TITLE	PD					
NAME STREET ADDRESS	LOOSE, FRANKLIN B 2138 SW IMPERIAL ST.					
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987		, jy		The state of the state of the	
TITLE	VPD				i italian	
NAME STREET ADDRESS	VEGA, ALFREDO V 830 SE CAVERN AVE.	-				
CHY-ST-ZIP	PORT SAINT LUCIE, FL 34953				in the second of	
TITLE	STD					
NAME ATTICET ADOPTION	LOOSE, DORIS B					
STREET ADDRESS CITY-ST-ZIP	2138 SW IMPERIAL ŞT. PORT SAINT LUCIE, FL 34987			" 	NOT W	RITE
TITLE	, , , , , , , , , , , , , , , , , , , ,				THIS SP	
NAME						
STREET ADDRESS CITY-ST-ZIP			1000			
TITLE		 		CONTRACTOR		
NAME			1-4000	HOLD	Mark And	
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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.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: Franklin B. Loose President Frankling Joone 4-3-07 (772) 336-0134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylore Priore &

Daylore Priore &