

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90026 013 ***150.00

DOCUMENT # P03000090775

1. Entity Name
FREY CONSTRUCTION SERVICES, INC.



Principal Place of Business
**1765 SHOAL CREEK CIRCLE
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**1765 SHOAL CREEK CIRCLE
GREEN COVE SPRINGS, FL 32043**

94025888



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0162960

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREY, TOM
1765 SHOAL CREEK CIRCLE
GREEN COVE SPRINGS, FL 32043**

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME FREY, TOM
STREET ADDRESS 1765 SHOAL CREEK CIRCLE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE P ☐ Delete
NAME FREY, TERRY
STREET ADDRESS 2748 CONNIE CIRCLE
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE T ☐ Delete
NAME FREY, SHEILA L
STREET ADDRESS 1765 SHOAL CREEK CIRCLE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sheila L. Frey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

Date

904-394-3939

Daytime Phone #