

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-01-2005 90080 031 ***150.00

DOCUMENT # P03000135128

1. Entity Name
FRIENDLY FRANKIES CC INC



Principal Place of Business
**106 HANCOCK BRIDGE PARKWAY
E20
CAPE CORAL, FL 33991**

Mailing Address
**PO BOX 156
MATLACHA, FL 33993**

66007497



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0409393	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FRANK, RICHARD
2763 GEARY STREET
MATLACHA, FL 33993**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK, ANTHONY PO BOX 156 MATLACHA, FL 33993
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANK, JOSEPH PO BOX 156 MATLACHA, FL 33993
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANK, MATTHEW PO BOX 156 MATLACHA, FL 33993
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, RICHARD P.O. BOX 156 MATLACHA, FL 33993
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05

Date

239-822-8572

Daytime Phone #