

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

Dpt of STATE

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
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				7. Name and Address of New Registered Agent 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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRANK, ANTHONY PO BOX 156 MATLACHA, FL 33993	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRANK, JOSEPH PO BOX 156 MATLACHA, FL 33993	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FRANK, MATTHEW PO BOX 156 MATLACHA, FL 33993	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANK, RICHARD P.O. BOX 156 MATLACHA, FL 33993	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
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, trustee, or other person 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: <i>[Signature]</i> Jan 27 2006 239-822-8572 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



01232006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0409393

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRANK, JOSEPH PO BOX 156 MATLACHA, FL 33993	☐ Change ☐ Addition	(Empty)
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