2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000158023

1. Entity Name
FRANK R. JAKES, P.A.

Principal Place of Business	Mailing Address
911 CHESTNUT ST	PO BOX 1368
CLEARWATER, FL 33756	CLEARWATER, FL 33757

DO NOT WRITE IN THIS SPACE

04102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0543695	Not Applicable

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

6. Name and Address of Current Registered Agent

JAKES, FRANK R
911 CHESTNUT ST
CLEARWATER, FL 33756

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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

TITLE	D
NAME	JAKES, FRANK R
STREET ADDRESS	911 CHESTNUT ST
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	PSTD
NAME	JAKES, FRANK R
STREET ADDRESS	911 CHESTNUT ST
CITY-ST-ZIP	CLEARWATER, FL 33756

U00000522933
.05/03/06-80052-009 150.00

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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.

SIGNATURE: _____ Frank R Jakes _____ 4-20-2006   813.225.2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #