

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/

FILED
May 18, 2005 8:00 am
Secretary of State

04-21-2005 90249 015 ***150.00

DOCUMENT # P04000077158			
1. Entity Name FRANK@JOSEPHINE, INC.			
Principal Place of Business 1266 CESSINGTON CIRCLE LAKE MARY, FL 32746		Mailing Address 1266 CESSINGTON CIRCLE LAKE MARY, FL 32746	
2. Principal Place of Business 1266 Cessington Circle		3. Mailing Address 1266 Cessington Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE MARY FL.		City & State LAKE MARY FL.	
Zip 32746	Country SEMINOLA	Zip 32746	Country SEMINOLA
4. FEI Number EIN 01-0813869		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 Josephine Lutz Josephine Lutz 5/12/05 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CIPOLLA, FRANCESCO 1266 CESSINGTON CIRCLE LAKE MARY, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1266 Cessington Circle
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LUTZ, JOSEPHINE C 1266 CESSINGTON CIRCLE LAKE MARY, FL 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1266 Cessington Circle
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-15-05 Date Daytime Phone #	