

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/4

FILED
Jun 07, 2005 8:00 am
Secretary of State

05-04-2005 90176 005 ***150.00

DOCUMENT # P04000112275 1. Entity Name FRENCH PROFESSIONAL MANAGEMENT, INC.					
Principal Place of Business 587 DOE COVE PLACE APOPKA, FL 32703			Mailing Address 587 DOE COVE PLACE APOPKA, FL 32703		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 05-0607272	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COLES, BONNIE E 587 DOE COVE PLACE APOPKA, FL 32703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City	
I, 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 _____ DATE _____ <small>(NOTE: Registered Agent signature required when renewing)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLES, BONNIE E 587 DOE COVE PLACE APOPKA, FL 32703		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:			5/1/05 407-884-0338		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment 704000118575

French Professional Management, Inc.

PO Box 194

Plymouth, FL, 32768-0194

Tel: 407-889-0335 Fax: 407-880-9782 email: FrenchManagement@aol.com

66022061

May 1, 2005

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Enclosed are forms are checks for my own company as well as the Homeowner's Associations I represent.

Unfortunately, at the time these should have been filed, I was in hospital and on my return home was, for several weeks, not strong enough to work in my office. My sister, who came from Canada to care for me, was not familiar with these forms and therefore was unable to file them for me.

I am sending them as soon as I became able to do so, and hope that you can forgive the penalties this time.

Sincerely,



Bonnie E. Coles