

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-03-2005 90121 003 ***150.00

DOCUMENT # P04000143784 1. Entity Name FRYE & POWELL MAINTENANCE SPECIALIST, INC.																											
Principal Place of Business 5455 WILMINGTON CIRCLE APT 106 LAKELAND, FL 33805 US		Mailing Address 5455 WILMINGTON CIRCLE APT 106 LAKELAND, FL 33805 US																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 9440 Moore Rd Suite, Apt. #, etc.																									
City & State Lakeland, FL		4. FEI Number 34-2020864																									
Zip 33809		Country United States																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable																									
6. Name and Address of Current Registered Agent POWELL, SCOTT 5455 WILMINGTON CIR APT 106 LAKELAND, FL 33813		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 state if applicable. (NOTE: Registered Agent signature required when re-registering)																											
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 Fee																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">P POWELL, SCOTT T</td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5455 WILMINGTON CIRCLE APT 106</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LAKELAND, FL 33813</td> </tr> </table>		TITLE	P POWELL, SCOTT T	☐ Delete	NAME			STREET ADDRESS	5455 WILMINGTON CIRCLE APT 106		CITY-ST-ZIP	LAKELAND, FL 33813		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">P Powell, Scott</td> <td style="width: 10%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">9440 Moore Rd</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Lakeland, FL 33809</td> </tr> </table>		TITLE	P Powell, Scott	☒ Change ☐ Addition	NAME			STREET ADDRESS	9440 Moore Rd		CITY-ST-ZIP	Lakeland, FL 33809	
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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:		Date 4-29-05																									