2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P04000143784 1. Entity Name FRYE & POWELL MAINTENANCE SPECIALIST, INC.						05-01-200	06 90371	034 ***1	50.00
Principal Place	e of Business	Mailing Address		 -					
5455 WILMINGTON CIRCLE		9440 MOORE ROAD							
APT 106		LAKELAND, FL 33809	US						
LAKELAND, F	FL 33805 US				(H 1 69 6 1 16111 610	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01132006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State			4. FEI Number				plied For
Zip Country		Zip Coun			34-2020864 Not Applicable \$8.75 Additional				
£.ip	Codinity	2,0	Country		5. Certificate of	of Status Desired		Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New I	Registered A	Agent	
DOMEN COOT			Na	me					
POWELL, SCOTT 5455 WILMINGTON CIR APT 106			Str	reet Address (P.O. Box Numbe	r is Not Acceptabl	le)		
	D, FL 33813		\vdash						
			Cit	ty			FL	Zip Code	Ð
	named entity submits this statement f	or the purpose of changing its re	egistered off	fice or register	red agent, or both	n, in the State of F	lorida. I am 1	familiar with,	and accept
the obligati	tions of registered agent.								
SIGNATURE		er".							
	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE:	Registered Agen	nt signature required	d when reinstating)		DATE		
FIL	Signature, hyped or printed name of registered agent E NOW!!! FEE IS \$150.00/ ay 1, 2006 Fee will be \$550	9. Election Campaig	n Financing	\$5	.00 May Be led to Fees		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contri	n Financing	\$5	.00 May Be led to Fees	CHANGES TO OF		DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #