

APR-28-2005 THU 11:16 AM

FAX

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90569 028 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000148748			
1. Entity Name FRAZIER'S CUSTOM WOODWORKS, INC.			
Principal Place of Business 126 TOMAHAWK DRIVE UNIT 4 INDIAN HARBOUR BEACH, FL 32937		Mailing Address 126 TOMAHAWK DRIVE UNIT 4 INDIAN HARBOUR BEACH, FL 32937	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1829461		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRAZIER, DOUGLAS 126 TOMAHAWK DRIVE UNIT 4 INDIAN HARBOUR BEACH, FL 32937		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 required on printed name of registered agent and this is acceptable. (NOT the Registered Agent signature required when requested.)			
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	D FRAZIER, DOUGLAS 126 TOMAHAWK DRIVE UNIT 4 INDIAN HARBOUR BEACH, FL 32937 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Frazier Douglas 126 Tomahawk Dr. Unit 4 Indian Harbour Bch FL 32937 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, SUZANNE M 126 TOMAHAWK DRIVE UNIT 4 INDIAN HARBOUR BEACH, FL 32937 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Frazier, Suzanne M 126 Tomahawk Dr. Unit 4 Indian Harbour Bch FL 32937 ☒ 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
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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 affidavit, with all other like empowered.			
SIGNATURE: <i>Douglas Frazier Pres.</i>		Date: <i>4/25/05</i> 9:17-2122	

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