


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90009 014 \*\*\*150.00

**DOCUMENT # P05000031070**

1. Entity Name  
**FRANK'S PLACE, INC.**



Principal Place of Business Mailing Address

**1565 SARNO RD SUITE D MELBOURNE FL 32935**      **155 WASHINGTON AVE INDIALANTIC FL 32903**

2. Principal Place of Business - No P.O. Box # **2440 Minton Rd.**

3. Mailing Address Suite, Apt. #, etc. \_\_\_\_\_

City & State **West Melbourne, FL**      City & State \_\_\_\_\_

Zip **32904** Country **BRUARD.**      Zip \_\_\_\_\_ Country \_\_\_\_\_

4. FEI Number **04-3807501**      Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**LUCCHESI, FRANK**  
**155 WASHINGTON AVENUE**  
**INDIALTANTIC FL 32903**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LUCCHESI, FRANK	
STREET ADDRESS	155 WASHINGTON AVE.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Frank Lucchesi*      *[Signature]*      **321 727-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #