


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90211 007 ***150.00

DOCUMENT # P05000042036					
1. Entity Name FRASER VENTURES, INC.					
Principal Place of Business 1035 SHERIDAN AVENUE NW PALM BAY, FL 32907			Mailing Address 1035 SHERIDAN AVENUE NW PALM BAY, FL 32907		
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 20-2523729	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRASER, EDITH M 1035 SHERIDAN AVENUE NW PALM BAY, FL 32907			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/>		\$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	P FRASER, EDITH M 1035 SHERIDAN AVENUE NW PALM BAY, FL 32907		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC FRASER, EDITH M 1035 SHERIDAN AVENUE NW PALM BAY, FL 32907		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES FRASER, EDITH M 1035 SHERIDAN AVENUE NW PALM BAY, FL 32907		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: Edith M. Fraser			04-27-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

60032820



04272006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

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04-27-06
Date Daytime Phone #