


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90151 006 \*\*\*150.00

DOCUMENT # P05000066098			
1. Entity Name ANNETTE FRERKING SERVICES, INC.			
Principal Place of Business 30825 CYPRESS DRIVE TAVARES, FL 32778		Mailing Address 30825 CYPRESS DRIVE TAVARES, FL 32778	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FRERKING, ANNETTE 30825 CYPRESS DRIVE TAVARES, FL 32778		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 transferring) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	D FRERKING, ANNETTE 30825 CYPRESS DRIVE TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Annette Frerking</i>		<i>Annette Frerking</i> 4/13/06 352 3431423	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

66018054



04032006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2705403 Applied For  Not Applicable

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

FL Zip Code

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE