## FILED Jun 22, 2007 8:00 am Secretary of State 06-11-2007 90006 042 \*\*\*150.00

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUI 1. Entity Nam FRANKC	16	#P05000091								
Principal Place of Business         Mailing Address           11901 FOX HIL ROAD         11901 FOX HILL ROAD           N. FT. MYERS, FL 33917         N. FT. MYERS, FL 33917						i  -	6601968	4		
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05112007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			4. FEI Numb 14-193			<u> </u>	oplied For ot Applicable
Zip	ip Country		Zip Coun		ntry	5. Certificate of Status Desired   \$8.75 Ad Fee Require				
Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	egistered /	Agent	
FERNAND 11901 FOX N. FT. MY	X HILL RD	)L				P.O. Box Numb	er is Not Acceptable	)		
					City		<u> </u>	FL	Zip Cod	e
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										
Signeture, typed or printed name of registered agent and telle il applicable (NOTE: Registered Agent signeture required when roinstating) DATE										
		! FEE IS \$150.00 ptember 14, 2007		.00 May Be ed to Fees	In accordance w corporation did i					
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE NAME	P			TIIL NAM	-				Change	Addition
SIREET ADDRESS CITY-SI-ZIP	11901 FC	OX HILL ROAD YERS, FL 33917			EET ADDRESS					
INLE	☐ Defete [FT]				E			_	☐ Change	Addition
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INTE			☐ Delete	DTL					Change	Addition
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TITLE	<u> </u>		☐ Delete	fin					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					eet adoress '-st-zip					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I turther 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 chapter god, or on an attachment with an address, with all orby/likely empowered.										
5-41.05 205.909 30										II
SIGNAT	TURE: _			<del></del>			5-14-01		~ ~ ~	



FLORIDA DEPARTMENT OF STA

**Division of Corporations** 

June 12, 2007

FRANKCAR, INC. 11901 FOX HILL ROAD N. FT. MYERS, FL 33917

Subject: FRANKCAR, INC.

In accordance with 5.607, 193(2)(b) F.S. The Corp. did not received the prior

Please take nate and file over amual report. Thouk you. nature.

Reference Number:

P05000091778

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00. This late fee is wairen on per 5.607.193(2)(6) F.S.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/am

ANNUAL REPORTS SECTION