


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-03-2006 90410 019 ***150.00

DOCUMENT # P05000132916

1. Entity Name
FRANK EMBERTON, INC.
FRANK EMBERTON, INC



Principal Place of Business
PO BOX 20544
BRADENTON, FL 34204

Mailing Address
PO BOX 20544
BRADENTON, FL 34204

66005051



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2335 J 63RD Ave East
 Suite, Apt. #, etc.

03172006 Chg-P CR2E034 (11/05)

City & State
BRADENTON, FL.

City & State
BRADENTON, FL.

Zip
34203

Country
MANATEE

4. FEI Number
35-2262118

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
EMERTON, FRANK
25 HARVIST ST.
BRADENTON, FL 34204

7. Name and Address of New Registered Agent
 Name
DONALD H. HECKMAN
 Street Address (P.O. Box Number is Not Acceptable)
2335 J. 63RD Ave East
 City
BRADENTON FL Zip Code
34203

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: *Donald H. Heckman* DATE: **3/20/06**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P/D EMERTON, FRANK PO BOX 20544 BRADENTON, FL 34204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EMBerton, FRANK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SUMEY, MARK PO BOX 20544 BRADENTON, FL 34204 <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	T. STALKER, SHOIVEN PO BOX 20544 BRADENTON, FL 34204 <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	S. COVERT, DEBRA PO BOX 20544 BRADENTON, FL 34204 <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
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: *H. Frank Emberton, Resident* DATE: _____
Signature and typed or printed name of signing officer or director Date Daytime Phone #