

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

04-13-2006 90283 050 ***150.00

DOCUMENT # P05000143697																																																																																																																																																																																			
1. Entity Name FRAAN, INC.																																																																																																																																																																																			
Principal Place of Business 8793 TAMiami TRAIL E NAPLES FL 34113 US			Mailing Address 4625 TAMiami TRAIL N NAPLES FL 34103 US																																																																																																																																																																																
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5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																																																															
6. Name and Address of Current Registered Agent PIPITONE, ANNETTE 4625 TAMiami TRAIL N NAPLES FL 34103				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																																																																																																																																															
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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.																																																																																																																																																																																			
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<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>																																																																																																																																																																															

ATTACHMENT

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P05000143697

To Whom it may concern,

Reference# P05000143697

Please process this report since I
have included my FEI number
which was left out. Thanks,

Arnell R. Pitzer