

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000009789

1. Entity Name
FRY'S INCORPORATED



Principal Place of Business
6420 SW 57TH WAY
JASPER, FL 32052

Mailing Address

6420 SW 57TH WAY
JASPER, FL 32052

2. Principal Place of Business - No P.O. Box #
4982 Bellville Rd

3. Mailing Address

Po Box 782

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Park GA

City & State
Jasper FL

Zip
31436

Country
US

Zip
32052

Country
US

6. Name and Address of Current Registered Agent

SCAFF, SONNY
215 NE 2ND ST
JASPER, FL 32052

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
FRY, ALBERT
6420 SW 57TH WAY
JASPER, FL 32052

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
FRY, ALBERT
6420 SW 57TH WAY
JASPER, FL 32052

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Albert L. Frys*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/07

Date

229/559-7350

Daytime Phone #

**FILED
Jul 19, 2007 8:00 am
Secretary of State**

07-19-2007 90024 020 ***150.00



07172007 Chg-P CR2E034 (12/06)