2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000111648



FILED Jan 11, 2008 8:00 am Secretary of State

1. Entity Name FRY FOR CONGRESS INC								01-11-2008 90060 035 ***150.00					
Principal Place of Business 820 DELANEY PARK DRIVE ORLANDO, FL 32806 US				Mailing Address 820 DELANEY PARK DRIVE ORLANDO, FL 32806 US				40.					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01072008	Chg-P	CR2I	E034 (12/06)		
City & State				City & State				4. FEI Number 26-1216			<u> </u>	plied For t Applicable	
Zip				Zip	Coun	5. Certificate of Status Desired					Fee Required		
6. Name and Address of Current Registered Agent								7. Name and A	ddress of New I	Registere	d Agent		
FRY, ALEXANDER 820 DELANEY PARK DRIVE ORLANDO, FL 32806						Name Street Address (P.O. Box Number is Not Acceptable)							
ORLANDO, FL 32000													
,						City		FL Zip Code					
	named entit	y submits this statement tered agent.	t for the p	ourpose of changing its	register	ed office or i	register	ed agent, or both	, in the State of Fi	orida. I a	m familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title	itapplicable (NOTE	E: Registere	d Agent signatur	e required	when reinstating)		DATE			
	E NOW!!!	FEE IS \$150.00 8 Fee will be \$55		9. Election Campai Trust Fund Cont	ign Finar		\$5.	00 May Be ed to Fees					
10. OFFICERS AND DIRECTORS 11.								ADDITIONS/C	HANGES TO OF	FICERS A	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						1					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		☐ Delete	- 1						☐ Change	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 accurage 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

FICER OR DIRECTOR

☐ Delete

Change

Addition