2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000040167

STACY C. FRANK, P.A.



FILED Jan 25, 2007 08:00 AN **Secretary of State**

Principal Place of Business 118 S. NEWPORT AVE.

TAMPA, FL 33606

Mailing Address

118 S. NEWPORT AVE. TAMPA, FL 33606 US

		ELIE BENIE BIRNE BREME NIMER BUNE IRRIBA	
01132007	No Chg-P	CR2E034 (11/05)	

4. FEI Number Applied For 59-3182016 Not Applicable \$8.75 Additional

5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRANK, STACY 118 S. NEWPORT AVE. TAMPA, FL 33606 ...

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the pations of registered agent.	urpose of changing its reg	distered office of t	egistered agent, or b	oth, in the State of Florida. Tam t	amiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little li	applicable, (NOTE, Re	gistered Agent signature	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign i Trust Fund Contribu		\$5.00 May Be Added to Fees	U00000604029 01/29/07-80038-00	2 150.00
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK, STACY C 118 S. NEWPORT AVE. TAMPA, FL 33602					e e e e e e e e e e e e e e e e e e e
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	į
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP