## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P93000056217

FREY & SON HOMES, INC.



Principal Place of Business

9220 BONITA BEACH RD SUITE 109

BONITA SPRINGS, FL 34135 US Mailing Address

9220 BONITA BEACH RD **SUITE 109** 

BONITA SPRINGS, FL 34135

**FILED** Apr 25, 2008 8:00 am Secretary of State 04-25-2008 90123 004 \*\*\*158.75

dunora.



03062008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0439336

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, MICHAEL B SHEPPARD, BRETT, STEWART, HERSCH & KINSEY 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919

## DO NOT WRITE IN THIS SPACE

			ŀ					
	named entity submits this statement for the pions of registered agent.	surpose of changing its reg	gistered o	office or re	egistered agent, or both,	in the State of Fl	lorida. I am familiar w	ith, and accept
SIGNATURE_					<u></u>			
	Signature, typed or printed name of registered agent and title	1 applicable. (NOTE: Re	gistered Ag	ent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign     Trust Fund Contribu		g	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			1			
TITLE	COBS							
NAME	FREY, M WILLIAM							
STREET ADDRESS 9220 BONITA BEACH RD, #109								
CITY-ST-ZIP	BONITA SPRINGS, FL 34135							
TITLE	PT		-					

## DO NOT WRITE IN THIS SPACE

	NAME STREET ADDRESS CITY-ST-ZIP	FREY, M WILLIAM 9220 BONITA BEACH RD, #109 BONITA SPRINGS, FL 34135			
	TITLE NAME STREET ADDRESS CITY-ST-2IP	PT FREY, BARRY E 9220 BONITA BEACH RD, #109 BONITA SPRINGS, FL 34135			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
ı	12. I hereby certify that the information supplied with this filing does not qualify for the e				

xemptions 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:

SIGNATURE AND TYPED OR PE

NTED RAME OF SIGNING OFFICER OR DIRECTOR

Barry E. Frey

Daytime Phone #