
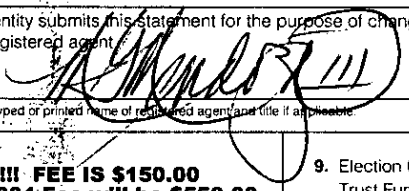
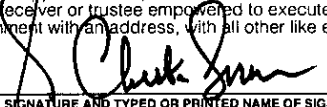


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90152 001 ***150.00

DOCUMENT # P94000024323					
1. Entity Name FRISCO SOUTH, INC.					
Principal Place of Business 12765 FOREST HILL BLVD. SUITE 1302 WELLINGTON, FL 33414 US			Mailing Address 12765 FOREST HILL BLVD. SUITE 1302 WELLINGTON, FL 33414 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0475575	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE MENDOZA, MARIO G III 12765 FOREST HILL BLVD STE 1302 WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name Mario G. de Mendoza, III, P.A. Street Address (P.O. Box Number is Not Acceptable) 12765 Forest Hill Blvd., Suite 1302 City Wellington FL Zip Code 33414		
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 		Mario G. de Mendoza, III		2/4/04	
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 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME DE MENDOZA, MARIO G. III	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12765 FOREST HILL BLVD STE 1302	CITY-ST-ZIP WELLINGTON, FL 33414		NAME	STREET ADDRESS	
CITY-ST-ZIP WELLINGTON, FL 33414			CITY-ST-ZIP		
TITLE PST	NAME DE MENDOZA, MARIO G III	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12765 FOREST HILL BLVD STE 1302	CITY-ST-ZIP WELLINGTON, FL 33414		NAME	STREET ADDRESS	
CITY-ST-ZIP WELLINGTON, FL 33414			CITY-ST-ZIP		
TITLE V	NAME MARAGON, JOHN F	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12765 FOREST HILL BLVD STE 1302	CITY-ST-ZIP WELLINGTON, FL 33414		NAME	STREET ADDRESS	
CITY-ST-ZIP WELLINGTON, FL 33414			CITY-ST-ZIP		
TITLE VP	NAME IRONS, G CHESTER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12765 FOREST HILL BLVD STE 1302	CITY-ST-ZIP WELLINGTON, FL 33414		NAME	STREET ADDRESS	
CITY-ST-ZIP WELLINGTON, FL 33414			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		G. Chester Irons, V.P.		4/30/2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # (772) 492-0500	