## 2004 FOR PROFIT CORPORATION ANNUAL REPORT



## FILED Apr 23, 2004 8:00 am

1. Entity Name	MENT # P9400004 zier, inc.			04-23-200	-				
Principal Place 3472 S.R. 64 AVON PARK,	4 WEST	Mailing Address 3472 S.R. 64 WEST AVIAL PARK, FL 338	•				<del>-</del> -		-
2. Principal Pl	Place of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312004	Chg-P	CR2E03	34 (10/03)	
City & State	е	City & State			4. FEI Number 65-0506	831		<b>—</b>	plied For at Applicable
Zip	Country	Žip	Coun	ntry	5. Certificate of	Status Desired		8.75 Add ee Require	
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	ddress of New R	egistered A	gent	
FRAZIER, 3472 S.R. ( AVON PAR		Name Street Address (P.O. Box Number is Not Acceptable)							
	•			City			FL	Zip Cod	e
	named entity submits this statementions of registered agent.	t for the purpose of changing it	ts register	ed office or registe	red agent, or both,	in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	TE: Registere	d Agent signature require	d when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.									
After Ma	ny 1, 2004 Fee will be \$55	l <u> </u>			.00 May Be ded to Fees				
After Ma	ny 1, 2004 Fee will be \$55 OFFICERS AF	l <u> </u>		☐ Āds	ded to Fees	HANGES TO OFFI	ICERS AND	DIRECTOR	S IN 11
After Ma	ny 1, 2004 Fee will be \$55 OFFICERS AF	0.00 Trust Fund Cor	11.	E Add	ded to Fees	HANGES TO OFFI	ICERS AND	DIRECTORS  Change	S IN 11
10. TITLE NAME	officers at P FRAZIER, JIM L.	0.00 Trust Fund Co	11. TITU	E E	ded to Fees	HANGES TO OFFI	ICERS AND		
After Ma	OFFICERS AF P FRAZIER, JIM L. 3472 ST. RD. 64 W	0.00 Trust Fund Co	11. TITU NAM	E Add	ded to Fees	HANGES TO OFFI	ICERS AND		
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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:	oim	Inanie?	Jim F	razier	4-20-04	863 452 1313
	SIGNATORE AND TYP	PED OR PRINTED NAME OF HIGHING	OFFICER OR DIRECTOR		Oate	Daytime Phone #