

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

Barbara

FILED

Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000090997

1. Entity Name
FROELICH BROTHERS, INC.



Principal Place of Business

**206 MAGNOLIA AVENUE
CRESCENT CITY, FL 32112**

Mailing Address

**206 MAGNOLIA AVENUE
CRESCENT CITY, FL 32112**



02142008

No Chg-P

CR2E034 (11/05)

4. FEI Number
59-3289219

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FROELICH, JOSEPH A JR.
206 MAGNOLIA AVENUE
CRESCENT CITY, FL 32112**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FROELICH, JOSEPH A JR.
STREET ADDRESS	206 MAGNOLIA AVENUE
CITY-ST-ZIP	CRESCENT CITY, FL
TITLE	DS
NAME	FROELICH, JAY R
STREET ADDRESS	209 LAKEVIEW AVENUE
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	D
NAME	FROELICH, JOSEPH
STREET ADDRESS	730 N PARK STREET
CITY-ST-ZIP	CRESCENT CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/20/08-80027-019 150.00

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.

SIGNATURE:

Joseph A Froelich Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A Froelich Jr

Date

4/25/08

Daytime Phone #

386698-1409