## 2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM CUMENT # P95000047743 **Secretary of State** C STOPHER FRANK, ARCHITECT, P.A. Pi Place of Business Mailing Address <u>WNING</u> ST WYRNA BEACH FL 32168 207 DOWNING ST NEW SMYRNA BEACH FL 32168 NU 2. ioal Place of Business 3. Mailing Address , Apt. II., etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For **⇒**State City & State 59-3324447 Not Applicat Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANK, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 207 DOWNING ST NEW SMYRNA BEACH FL 32168 Zip Code 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 8. diligations of registered agent. SI UFL Signature, typed or printed name of registered agent and little it applicable (NOTE Registered Agent signature required when re-installing) DATE FILE NOW!!! FEE IS \$150.00 Atter May 1, 2006 Fee Will Be \$550.00 \$5.00 May € Election Campaign Financing Trust Fund Contribution. Added to Fees neck Payable to Florida Department of State ħ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ţţ 11. ☐ Change ☐ Addition m D Delete TO F NAME FRANK, CHRISTOPHER ŊĄ *U00000397599* STREET ADDRESS 207 DOWNING ST ST 01/30/06-80054-021 150.00 C) NEW SMYRNA BEACH FL CITY-ST-ZIP Defete Change Addition 133 NAME N/ ST STREET ADDRESS CITY - ST-ZIP CT ☐ Delote TITLE Change Δisting πı NAME N/A STREET ADDRESS ST CITY-ST-ZIP Cľ Change Artis TITLE m ☐ Delete NAME NA STREET ADDRESS ST Cľ City-ST-ZIP Change \_\_\_\_ β<sub>1</sub>.... 177 ☐ Detete TITLE NAME NA. STREET ADDRESS Sī CITY-SI-ZIP Cť Change ☐ Ad=" Delete TITLE 781 ΝA NAME STREET ADDRESS ST CITY-ST-ZIP ET.

proby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information beated 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 the corporation or the receiper or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 tranged, or on an attackinghit with an address, with all other like empowered.

HRIS FRANK PREADENT 01/20

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