2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90182 042 ***150.00

239-

DOCUMENT # P96000008589 1. Enlity Name FRANK PLACE ASSOCIATES, INC.					04-28-2005 90182 042 ***150.00			
			E. US		14004	159 		
2. Principal Place of Business 6821 PALISADES PARK CT. 3. Mailing Address 6821 PALISADES Suite, Apt. #, etc.					O INCOMENIAL MARIL MARIS AN	BIII GAIRI AARAA IMIRI AMILI RAIN I		
SUITE SUITE !				04262005	Chg-P	CR2E034 (10/03)		
City & State FORT MYERS, FL City & State FORT MYERS			es, FL	4. FEI Numb			pplied For ot Applicable	
Zip 339	12 Country USA	^{Zp} 33907	Country USA	5. Certificate	of Status Desired	\$8.75 Ad		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
PLACE FI	RANK M JR.		Name /	PLACE, FR	ANK M.	JR.		
12995 S. CLEVELAND AVE				Streat Address (P.O. Box Number is Not Acceptable) 6821 PALISADES PARK CT.				
STE PBS 45 FORT MYERS, FL 33907								
				City FORT MYERS FL Zip Code 339/2				
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 titled applicable. (NOTE: Registered Agent signature required when reinstating) (NOTE: Registered Agent signature required when reinstating)								
	1					, ,		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0			\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS 11.				CHANGES TO OF	FICERS AND DIRECTOR		
TITLE NAME	Delete III.			PLACE, FR	RANK MI	JR. □ Change	☐ Addition	
STREET ADDRESS						· ·	CT.	
CITY-ST-ZIP	FORT MYERS, FL 33907	☐ Delete -	CITY-ST-ZIP TITLE	FORT MYE	RS, H. 3.		E /	
NAME		Li Deiele -	NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
TITLE		☐ Delete	CITY-ST-ZIP				- Addition	
NAME		L'1 Datete	NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
NAME		☐ Defete	TITLE NAME			☐ Change	☐ Addition	
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TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
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TITLE NAME		☐ Delete	TITLE NAME			☐ Change	□ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		1. 79.	CITY-ST-ZIP					
 I hereby of indicated 	certify that the information supplied with t	his filing does not qualify for the	e exemption stat	ed in Section 119.07(3)	 Florida Statutes. 	I further certify that the i	nformation	