


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90565 010 ***150.00

DOCUMENT # P96000032658 1. Entity Name FRASER & FRASER, INC.					
Principal Place of Business 2525 IROQUOIS CIRCLE WEST PALM BEACH, FL 33409			Mailing Address 2525 IROQUOIS CIRCLE WEST PALM BEACH, FL 33409		
2. Principal Place of Business <i>729 Penn Street</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>West Palm Bch Fl</i>		City & State			
Zip <i>33401</i>		Country <i>USA</i>		Zip	
Country		4. FEI Number 65-0659090			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRASER, LINDA D 2525 IROQUOIS CIRCLE WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name <i>Linda D Fraser</i> Street Address (P.O. Box Number is Not Acceptable) <i>729 Penn Street</i> City <i>West Palm Bch</i> FL Zip Code <i>33401</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FRASER, LINDA D 2525 IROQUOIS CIRCLE WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <i>Linda D. Fraser</i> <i>729 Penn St. West Palm Bch FL 33401</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ALEXANDER FRASER 911 NORTH ORANGE AVE. SUITE 551 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <i>Alexander Fraser</i> <i>4743 Anson Lane</i> <i>Orlando, Fl 32814-5403</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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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)(l), 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: <i>Linda D Fraser</i>			Date <i>4-27-05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		