2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000037088

1. Entity Name
FRANK'S TRAINS & HOBBIES, INC.

Principal Place of Business	Mailing Address
110 PINE AVE S OLDSMAR, FL 34677 US	110 PINE AVE S OLDSMAR, FL 34677 US

DO NOT WRITE IN THIS SPACE

08062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3380219
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, FRANK
1775 LAWRENCE DRIVE
CLEARWATER, FL 34619

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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 Frank Jackson CEO Frank Jackson 8-5-04
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARRY, DEBBIE
STREET ADDRESS	110 PINE AVS
CITY-ST-ZIP	OLDSMAN, FL 34677
TITLE	DV
NAME	JACKSON, MARK
STREET ADDRESS	110 PINE AV S
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	STD
NAME	JACKSON, SUZANE
STREET ADDRESS	110 PINE AVS
CITY-ST-ZIP	OLDSMAN, FL 34677
TITLE	VPRC
NAME	MANDEVILLE, KEVIN
STREET ADDRESS	110 PINE AVE S
CITY-ST-ZIP	OLDSMAN, FL 34677
TITLE	CEO
NAME	JACKSON, FRANK
STREET ADDRESS	110 PINE AVE S
CITY-ST-ZIP	OLDSMAN, FL 34677
TITLE	VPSR
NAME	JACKSON, ART
STREET ADDRESS	110 PINE AVS
CITY-ST-ZIP	OLDSMAN, FL 34677

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08/09/04-80010-007 150.00

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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: Frank Jackson CEO 8-5-04 813-855-1041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #