

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90089 044 ***150.00

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1. Entity Name

FRIESE DESIGN GROUP, INC.



Principal Place of Business

714 E. MCNAB ROAD
POMPANO BEACH FL 33060
US

Mailing Address

714 E. MCNAB ROAD
POMPANO BEACH FL 33060
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0734044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIESE, WOODY H
1447 NE 4TH AVE
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name **FRIESE, WOODY H.**

Street Address (P.O. Box Number is Not Acceptable)

714 E. MCNAB RD.

City **POMPANO BEACH**

FL

Zip Code

33060

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

Woody H. FRIESE **ARCHITECT**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete
NAME **FRIESE, WOODY H**
STREET ADDRESS **1447 NE 4TH AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ARCHITECT ST** ☒ Change ☐ Addition
NAME **FRIESE, WOODY H.**
STREET ADDRESS **714 E. MCNAB ROAD**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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:

Woody H. FRIESE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06 (954) 868-3234
(954) 788-8147.

DATE

Daytime Phone #