## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P97000020143** 1. Entity Name FRANK FENTON DESIGN & DEVELOPMENT, INC.

**FILED** Apr 13, 2005 08:00 AM Secretary of State

| 4667 COUNT   |   | alling Address<br>1667 COUNTRY MANOR DRIVE |                | 1                                   |                  |                            |                          |  |
|--|---|--|----------------|-------------------------------------|------------------|----------------------------|--------------------------|--|
|  | ARASOTA, FL 34233 SARASOTA, FL 3  |  |                | }                                   |                  | ÷                          |                          |  |
| DO NOT WRITE IN THIS SPACE   |   |  |                | 01252005<br>4. FEI Numbol<br>65-073 |                  | CR2E034                    | CLEU BIANN CHIERI LI MES |  |
| 6. Name and Address of Current Registered Agent FENTON, FRANCIS A 4667 COUNTRY MANOR DRIVE SARASOTA, FL 34233  |   |  |                | DO NOT WRITE<br>IN THIS SPACE       |                  |                            |                          |  |
| 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 title if applicable. (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 Finan Trust Fund Contribution.   |   |  | ncing          | \$5.00 May Be<br>Added to Fees      |                  |                            |                          |  |
| 10.  | OFFICERS AND DIRE   | CTORS                                      | 1              | <u> </u>                            | ·                |                            |                          |  |
| HTLE HAME STREET ADDRESS CITY-ST-ZIP   | PD<br>FENTON, FRANCIS A<br>4667 COUNTRY MANOR DRIVE<br>SARASOTA, FL 34233 |  |                |                                     |                  |                            |                          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |                |                                     | 04, 19.90        | 00202 <b>5U</b><br>5-80073 | 4<br>-022 150.00         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZP   |   |  |                | DO                                  | NOT W            | /RITE                      |                          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | · · · · · · · · · · · · · · · · · · ·      |                | IN .                                | THIS SI          | PACE                       |                          |  |
| MILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |                |                                     |                  |                            |                          |  |
| TITLE MANE STREET ADDRESS CITY-ST-ZIP  |   |  |                |                                     |                  |                            |                          |  |
| 19 Thereby   | certify that the information supplied with this                           | Sting stoop not mustiful for the su-       | enotion atabas | 4 to Cooking 440 07/20              | Could's Chaluton | 1 Kunthan martit           | , that the information   |  |

Increty certify that the information supplied with this filling does not quality 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: 2000