

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2007 08:00 AM
Secretary of State**

DOCUMENT # P97000024162

1. Entity Name
FRANK'S MEASURING SERVICE, INC.



Principal Place of Business
**1222 NW 14TH ST
BOCA RATON, FL 33486**

Mailing Address
**1222 NW 14TH ST
BOCA RATON, FL 33486**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEL Number
65-0738767

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CALVERT, FRANK
1222 NW 14TH ST
BOCA RATON, FL 33486**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office of 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, and date of registration required.

NOTE: Registered Agent's name must appear on the document.

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

NAME
**D
CALVERT, FRANK**
STREET ADDRESS
1222 NW 14TH ST
CITY-STATE-ZIP
BOCA RATON, FL 33486

NAME
**VP
CALVERT, STACY**
STREET ADDRESS
1222 NW 14TH ST
CITY-STATE-ZIP
BOCA RATON, FL 33486

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

000000613410
02/05/07-80037-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 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: _____

Stacy Calvert *Stacy Calvert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/07 *561-407-0720*
DATE TIME