

## ANNUAL REPORT

DOCUMENT # P97000040144

1. Entity Name  
FRANK KASPER, INC.Mar 19  
Seci

Principal Place of Business

7360 NW 4TH STREET  
#205  
PLANTATION, FL 33317

Mailing Address

7360 NW 4TH STREET  
#205  
PLANTATION, FL 33317

03172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
65-0750916Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

KASPER, FRANK  
7360 NW 4TH STREET  
#205  
PLANTATION, FL 33317**DO NOT WRITE  
IN THIS SPACE**

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

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 Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KASPER, FRANK
STREET ADDRESS	7360 NW 4TH STREET #205
CITY- ST- ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000269387  
03/19/05-80008-007 150.00**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Kasper

3/17/2005

954-587-9287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #