

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000074038

1. Entity Name

FRA-MAR ENTERPRISES, INC.



Principal Place of Business

P.O. BOX 536
OKEECHOBEE, FL 34973

Mailing Address

P.O. BOX 536
OKEECHOBEE, FL 34973



01212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0820698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADY, FRANK
27000 S.W. WARFIELD BLVD.
INDIANTOWN, FL 34956

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000402737
02/03/06-80019-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRADY, FRANK J
STREET ADDRESS	P.O. BOX 536 N/A
CITY- ST- ZIP	OKEECHOBEE, FL 34973
TITLE	DVST
NAME	BRADY, MARILYN
STREET ADDRESS	P.O. BOX 536 N/A
CITY- ST- ZIP	OKEECHOBEE, FL 34973
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-06 (772) 597-3565

Date

Daytime Phone #