


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000011122</b> 1. Entity Name FRP SERVICES, INC.		
Principal Place of Business 1000 W. 11TH AVE MOUNT DORA, FL 32757	Mailing Address PO BOX 1549 MOUNT DORA, FL 32756	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MARSHALL, WILLIAM THOMAS JR 1000 W. 11TH AVE MOUNT DORA, FL 32757		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, WILLIAM THOMAS JR 1000 W 11TH AVE MOUNT DORA, FL 32757	
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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: <u>W. T. Marshall</u> WILLIAM MARSHALL		Date <u>4/21/06</u> Daytime Phone # _____



03252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3490629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000533859  
05/06/06-80138-022 150.00

**DO NOT WRITE  
IN THIS SPACE**