


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000052038

1. Entity Name
FRISCH FAMILY INVESTMENTS, INC.



Principal Place of Business 1741 W. BEAVER ST. JACKSONVILLE, FL 32209	Mailing Address PO BOX 41430 JACKSONVILLE, FL 32203-1430 US
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3544715	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRISCH, HANS
1741 W. BEAVER ST.
JACKSONVILLE, FL 32209**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

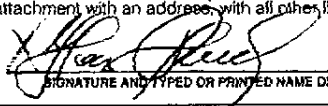
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000535798
05/08/06-80067-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVAD FRISCH, HANS 1741 W. BEAVER ST. JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FRISCH, BENJAMIN P 1741 W. BEAVER ST. JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRISCH, E. KARL 1741 W. BEAVER ST. JACKSONVILLE, FL 32209
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:  **HANS FRISCH** 4/25/06 (904) 354-8535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oeyline Phone #