

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90346 016 ***150.00

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1. Entity Name
FRIER LAND HOLDINGS, INC.



Principal Place of Business
12788 US 90 WEST
LIVE OAK, FL 32060

Mailing Address
12788 US 90 WEST
LIVE OAK, FL 32060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3540809

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALEY, WILLIAM J
10 NORTH COLUMBIA STREET
LAKE CITY, FL 32055

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME FRIER, WAYNE
STREET ADDRESS 12788 US 90 WEST
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE PSD ☒ Change ☐ Addition
NAME Frier, Wayne
STREET ADDRESS 12788 US Hwy 90 West
CITY-ST-ZIP Live Oak, FL 32060

TITLE PSD ☐ Delete
NAME FRIER, MATTHEW WAYNE
STREET ADDRESS 12788 US 90 WEST
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE VD ☒ Change ☐ Addition
NAME Frier, Matthew Wayne
STREET ADDRESS 12788 US Hwy 90 West
CITY-ST-ZIP Live Oak, FL 32060

TITLE TD ☐ Delete
NAME FRIER, TODD DANIEL
STREET ADDRESS 12788 US 90 WEST
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Todd Daniel Frier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06
Date

386-362-2720
Daytime Phone #