

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090175

Entity Name: LOIS A. FREDRICKS, INC.

FILED
Mar 04, 2006
Secretary of State

Current Principal Place of Business:

1501 R.J. CONLAN BLVD. NE
SUITE 170
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

1081 PIEDMONT AVE. N.E.
PALM BAY, FL 32907

New Mailing Address:

1501 R.J. CONLAN BLVD
#170
PALM BAY, FL 32905

FEI Number: 59-3538334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREDRICKS, LOIS A
1081 PIEDMONT AVE. N.E.
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FREDRICKS, LOIS A
Address: 1081 PIEDMONT AVE. N.E.
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: FREDRICKS, STEVEN D
Address: 1081 PIEDMONT AVE. N.E.
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS A FREDRICKS

PRES

03/04/2006

Electronic Signature of Signing Officer or Director

_____ Date