

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90036 020 \*\*\*150.00

<b>DOCUMENT # P99000007128</b>					
<b>1. Entity Name</b> FRISCO, INC.					
<b>Principal Place of Business</b> 31622 US 19 N PALM HARBOR, FL 34684			<b>Mailing Address</b> 31622 US 19 N PALM HARBOR, FL 34684		
<b>2. Principal Place of Business</b> 2552 HIGHLAND AVE. N.		<b>3. Mailing Address</b> 2552 HIGHLAND AVE. N.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> TARPON SPRINGS, FL.		<b>City &amp; State</b> TARPON SPRINGS, FL		<b>4. FEI Number</b> 59-3555072	
<b>Zip</b> 34688		<b>Country</b> U.S.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEAHON, LAWRENCE R 31622 US 19 N PALM HARBOR, FL 34684		<b>7. Name and Address of New Registered Agent</b> Name: LEAHON LAWRENCE P. Street Address (P.O. Box Number is Not Acceptable): 2552 HIGHLAND AVE. N. City: TARPON SPRINGS FL Zip Code: 34688			
<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.</b> SIGNATURE: <u>Lawrence P. Leahon / LAWRENCE P. LEAHON</u> DATE: <u>1/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEAHON, LAWRENCE 31622 US 19 N PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HENDRY, DONALD W 31622 US 19 N PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Lawrence P. Leahon / LAWRENCE P. LEAHON</u> <u>727 9376286</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					