

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90037 028 \*\*\*150.00

**DOCUMENT # P99000010497**

1. Entity Name  
**FRAJON VALVES, INC.**



Principal Place of Business  
**171 COMMERCIAL BLVD  
NAPLES, FL 34104**

Mailing Address  
**P O BOX 9049  
NAPLES, FL 34101**

**24008723**

2. Principal Place of Business

**1717 Avenida Del Sol P O Box 812482**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01262004

Chg-P

CR2E034 (10/03)

City & State

**BOCA RATON FLORIDA**

City & State

**BOCA RATON FLORIDA**

4. FEI Number

**65-0899290**

Applied For

Not Applicable

Zip

**33432**

Country

**U.S.A**

Zip

**33481**

Country

**U.S.A**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSTON, ELZA W  
174 COMMERCIAL BLVD  
NAPLES, FL 34104**

7. Name and Address of New Registered Agent

Name **FRAJON VALVES INC**

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

**1717 Avenida Del Sol**

City

**BOCA RATON**

FL

Zip Code

**33432**

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

**W E Johnston**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02/04/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VTS** ☐ Delete  
NAME **JOHNSTON, ELZA**  
STREET ADDRESS **171 COMMERCIAL BLVD**  
CITY-ST-ZIP **NAPLES, FL 34104764**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **JOHNSTON ELZA**  
STREET ADDRESS **1717 Avenida Del Sol**  
CITY-ST-ZIP **BOCA RATON FL 33432**

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

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

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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 exemption stated in Section 119.07(3)(i), 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:

**W E Johnston**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/04/04**

DATE

**561-368-0117**

Daytime Phone #