
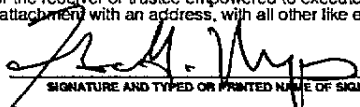


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # P99000056125 1. Entity Name FRANK'S GENERAL SERVICES INCORPORATED | |  |
| Principal Place of Business 8045 S.W. 107TH AVENUE, #103 MIAMI, FL 33173 | Mailing Address 8045 S.W. 107TH AVENUE, #103 MIAMI, FL 33173 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MYERS, FRANK G JR. 8045 S.W. 107TH AVENUE, #103 MIAMI, FL 33173 | | 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 000000031119 02/04/04-80137-014 150.00 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MYERS, FRANK G 8045 SW 107TH AVE #103 MIAMI, FL 33173 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MYERS, PATRICIA 8045 SW 107TH AVE #103 MIAMI, FL 33173 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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:  FRANK G MYERS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 1-15-04 305 323 9167 <small>Date Daytime Phone #</small> |