

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-24-2005 90038 032 ***150.00

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1. Entity Name
LORD & FRASER ENTERPRISES INCORPORATED



Principal Place of Business
**2718 GLENVIEW DRIVE
LAND O'LAKES, FL 34639**

Mailing Address
**2718 GLENVIEW DRIVE
LAND O'LAKES, FL 34639**

66010943



01292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FRASER, ANN E
2718 GLENVIEW DRIVE
LAND O'LAKES, FL 34639**

**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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FRASER, ANN E**
STREET ADDRESS **2718 GLENVIEW DRIVE**
CITY-ST-ZIP **LAND O' LAKES, FL 34639**

TITLE **VP**
NAME **FRASER, ALEXANDER E**
STREET ADDRESS **2718 GLENVIEW DRIVE**
CITY-ST-ZIP **LAND O' LAKES, FL 34639**

TITLE
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IN THIS SPACE**

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:

A. Fraser **DIRECTOR**

4/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #