

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90030 042 \*\*\*150.00

40004309



01122005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000096484</b> 1. Entity Name <b>FRIENDLY CONSTRUCTION COMPANY</b>					
Principal Place of Business <b>1411 HARRISON STREET HOLLYWOOD, FL 33020</b>			Mailing Address <b>PO BOX 221310 HOLLYWOOD, FL 33022</b>		
2. Principal Place of Business <b>1601 Harrison St</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Hollywood FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33020</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRIEND, LOUIS 1411 HARRISON ST HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FRIEND, LOUIS 1411 HARRISON STREET HOLLYWOOD, FL 33020</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>L Friend</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>1/15/05</b> Daytime Phone: <b>954 929 0538</b>		