

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90162 044 \*\*\*150.00

**50024607**



<b>DOCUMENT # V20912</b> 1. Entity Name <b>FRAZIER, HOTTE &amp; ASSOCIATES, P.A.</b>																																																																																									
Principal Place of Business <b>2400 E. COMMERCIAL #826 FT. LAUDERDALE, FL 33308 US</b>			Mailing Address <b>2400 E. COMMERCIAL #826 FT. LAUDERDALE, FL 33308 US</b>																																																																																						
2. Principal Place of Business <b>6550 N FEDERAL</b> Suite, Apt. #, etc. <b>SUITE 220</b> City & State <b>FT. LAUD, FL</b> Zip <b>33308</b> Country <b>USA</b>			3. Mailing Address <b>6550 N FEDERAL</b> Suite, Apt. #, etc. <b>SUITE 220</b> City & State <b>FT LAUD FL</b> Zip <b>33308</b> Country <b>USA</b>																																																																																						
6. Name and Address of Current Registered Agent  <b>FRAZIER, ROBERT W., JR. 2400 E. COMMERCIAL SUITE 826 FT. LAUDERDALE, FL 33308</b>			7. Name and Address of New Registered Agent Name <b>ROBERT W FRAZIER JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>6550 N FEDERAL HIGHWAY</b> <b>SUITE 220</b> City <b>FT. LAUD</b> <b>FL</b> Zip Code <b>33308</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. SIGNATURE: <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, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Change Addition</td> </tr> <tr> <td></td> <td><b>DP FRAZIER, ROBERT W., JR.</b></td> <td><input checked="" type="checkbox"/></td> <td></td> <td><b>DP FRAZIER, ROBERT W., JR</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>2400 E. COMMERCIAL #826</b></td> <td></td> <td></td> <td><b>6550 N FEDERAL HGW #220</b></td> <td></td> </tr> <tr> <td></td> <td><b>FT. LAUDERDALE, FL</b></td> <td></td> <td></td> <td><b>FT LAUDERDALE FL 33308</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><b>DVPS HOTTE, JOHN</b></td> <td><input checked="" type="checkbox"/></td> <td></td> <td><b>DVPS HOTTE, JOHN</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>2400 E. COMMERCIAL #826</b></td> <td></td> <td></td> <td><b>6550 N FEDERAL HGW #220</b></td> <td></td> </tr> <tr> <td></td> <td><b>FT. LAUDERDALE, FL</b></td> <td></td> <td></td> <td><b>FT. LAUD, FL 33308</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete	TITLE	NAME	Change Addition		<b>DP FRAZIER, ROBERT W., JR.</b>	<input checked="" type="checkbox"/>		<b>DP FRAZIER, ROBERT W., JR</b>	<input type="checkbox"/>		<b>2400 E. COMMERCIAL #826</b>			<b>6550 N FEDERAL HGW #220</b>			<b>FT. LAUDERDALE, FL</b>			<b>FT LAUDERDALE FL 33308</b>									<b>DVPS HOTTE, JOHN</b>	<input checked="" type="checkbox"/>		<b>DVPS HOTTE, JOHN</b>	<input type="checkbox"/>		<b>2400 E. COMMERCIAL #826</b>			<b>6550 N FEDERAL HGW #220</b>			<b>FT. LAUDERDALE, FL</b>			<b>FT. LAUD, FL 33308</b>										<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
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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: <b>3-7-05</b> <b>954-928-1800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																									