

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000011418	
1. Entity Name AMANDA FROST INC.	

Principal Place of Business 1471 TIMBERLANE RD. 129 TALLAHASSEE, FL 32312 US	Mailing Address 7262 WINTER CREEK LANE TALLAHASSEE, FL 32309 US
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DO NOT WRITE IN THIS SPACE



07142006 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1638945	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POWELL, DANA D 2727 APALACHEE PARKWAY TALLAHASSEE, FL 32307

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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 _____

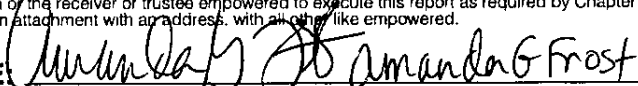
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE P	FROST, AMANDA G
NAME	7262 WINTER CREEK LANE
STREET ADDRESS	TALLAHASSEE, FL 32309
CITY-ST-ZIP	
TITLE VP	FROST, JEFFERY R
NAME	7262 WINTER CREEK LANE
STREET ADDRESS	TALLAHASSEE, FL 32309
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U000000570811
07/18/06-80011-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 	7/14/06	850 893-2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #