

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081295

Entity Name: FROGLANE CORP.

FILED  
Jul 26, 2006  
Secretary of State

## Current Principal Place of Business:

119 FROG LANE  
SARANAC LAKE, NY 12983

## New Principal Place of Business:

## Current Mailing Address:

119 FROG LANE  
SARANAC LAKE, NY 12983

## New Mailing Address:

P. O. BOX 1356  
SARANAC LAKE, NY 12983 73

FEI Number: 16-1724569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRETEN, KEVIN  
2407 PERIWINKLE WAY  
SANIBEL, FL 33957 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RITCHIE, CHARLES L JR  
Address: 119 FROG LANE  
City-St-Zip: SARANAC LAKE, NY 12983

Title: SD ( ) Delete  
Name: RITCHIE, MARY ANNE  
Address: 119 FROG LANE  
City-St-Zip: SARANAC LAKE, NY 12983

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD ( ) Change (X) Addition  
Name: SWEENEY, WILLIAM A CPA  
Address: P. O. BOX 1355  
City-St-Zip: SARANAC LAKE, NY 12983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A SWEENEY, CPA

VP

07/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date