

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004296

FILED
Apr 28, 2009
Secretary of State

Entity Name: FROZEN CUSTARD OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

12801 W SUNRISE BLVD SPACE 735
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

26698 SAINT MICHAELS ROAD
EASTON, MD 21601 US

New Mailing Address:

FEI Number: 52-1918372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESANTIS, ANTHONY J JR
8701 WINDY CIRCLE
BOYNTON BEACH, FL 33437 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: P () Delete
Name: DESANTIS, ANTHONY J JR
Address: 8701 WINDY CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: RIECK, HARRY H III
Address: 26698 SAINT MICHAELS ROAD
City-St-Zip: EASTON, MD 21601

Title: T () Delete
Name: RIECK, SHARON L
Address: 26698 SAINT MICHAELS ROAD
City-St-Zip: EASTON, MD 21601

Title: S () Delete
Name: DESANTIS, ANNA
Address: 8701 WINDY CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SHARON L RIECK

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date