


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H88906</b> 1. Entity Name <b>CHARLES H. FROST, INC.</b>	
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Principal Place of Business <b>3501 BAYSHORE BLVD SUITE 1010 TAMPA, FL 33629</b>	Mailing Address <b>3501 BAYSHORE BLVD SUITE 1010 TAMPA, FL 33629</b>
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**DO NOT WRITE IN THIS SPACE**



01272008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2612129</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FROST, CHARLES H. 3501 BAYSHORE BLVD #1010 TAMPA, FL 33629</b>
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**DO NOT WRITE IN THIS SPACE**

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, 2008 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROST, CHARLES H. 3501 BAYSHORE BLVD #1010 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FROST, MARGUERITE 3501 BAYSHORE BLVD #1010 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICK, DIANE F 3501 BAYSHORE BLVD #1010 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i># 613 - 3/3/08 B.T.T.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000849249  
03/21/08-80012-021-150.00

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 registered agent 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 an officer or trustee empowered.

<b>SIGNATURE:</b> <i>Charles H. Frost</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>1/22/08</i>	Daytime Phone # <i>813-839-5436</i>
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