# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000038040

**1. Entity Name**
FROSTY LIMITED, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4405 CLAY STREET<br>ZEPHYRHILLS, FL 33542 | 4405 CLAY STREET<br>ZEPHYRHILLS, FL 33542 |

## DO NOT WRITE IN THIS SPACE

02162006    No Chg-P    CR2E034 (11/05)

| 4. FEI Number<br>65-1003117 | Applied For |
|---|---|
| | Not Applicable |

**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MAASS, JOHN J
4405 CLAY STREET
ZEPHYRHILLS, FL 33542

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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_____

Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

**9.** Election Campaign Financing
Trust Fund Contribution. ☐    **$5.00** May Be Added to Fees

100000513642
04/20/06 00130-003 150.00

**10. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | P | |
| NAME | MAASS, JOHN J | |
| STREET ADDRESS | 4405 CLAY STREET | |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 33542 | |
| TITLE | V | |
| NAME | STEVENS, JERRY | |
| STREET ADDRESS | 7877 98TH ST | |
| CITY-ST-ZIP | LARGO, FL 33777 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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**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 of 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: X _____ John MAASS X _____ 813-713-0705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Pres    Date    Daytime Phone #