


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State


03-02-2004 90027 007 ***150.00

94023194

DOCUMENT # P01000084256 1. Entity Name BRENDA FROST DESIGN ASSOCIATES INC.	
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Principal Place of Business 239 GOOLSBY BLVD. DEERFIELD BEACH, FL 33434	Mailing Address 239 GOOLSBY BLVD. DEERFIELD BEACH, FL 33434
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DO NOT WRITE IN THIS SPACE

	
02062004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 65-1133850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FROST, BRENDA 239 Goolsby Blvd Deerfield Beach, FL 33434	DO NOT WRITE IN THIS SPACE
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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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FROST, BRENDA 239 Goolsby Blvd Deerfield Beach, FL 33434
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Brenda Frost BRENDA FROST 02/05/04 954 425-7706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #