

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90012 034 ***150.00

DOCUMENT # P02000010768

1. Entity Name
FROGGY LAWN HOPPERS CORP.



Principal Place of Business
2210 DONEGAL COURT
VALRICO, FL 33594-4115

Mailing Address
2210 DONEGAL COURT
VALRICO, FL 33594-4115

2. Principal Place of Business - No P.O. Box #
3707 Trapnell Ridge Grove LP.
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 532
Suite, Apt. #, etc.

City & State
Plant City FL
Zip
33567
Country
Hillsborough

City & State
VALRICO FL
Zip
33595-4445
Country
Hillsborough

03102008 Chg-P CR2E034 (12/06)

4. FEI Number
03-0376610
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VELEZ, ROBERTO
2210 DONEGAL COURT
VALRICO, FL 33594-4115

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Robert Velez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

03-17-08
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	VELEZ, ROBERTO	
STREET ADDRESS	PO BOX 532	
CITY-ST-ZIP	VALRICO, FL 33595	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VELEZ, LARA	
STREET ADDRESS	PO BOX 532	
CITY-ST-ZIP	VALRICO, FL 33595	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Robert Velez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-17-08
Date Daytime Phone *