

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

04-15-2005 90069 019 ***150.00

DOCUMENT # P02000034764

1. Entity Name
FROST INDUSTRIES, INC.



Principal Place of Business

235 VIA ESTE #1602
DELRAY BEACH, FL 33445

Mailing Address

235 VIA ESTE #1602
DELRAY BEACH, FL 33445

66017147

2. Principal Place of Business

P.O. Box 3768

3. Mailing Address

P.O. Box 3768

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062005

Chg-P

CR2E034 (10/03)

City & State

Lantana, FL

City & State

Lantana, FL

4. FEI Number

01-0671886

Applied For

Not Applicable

Zip

33465

Country

Zip

33465

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROST, JON
235 VIA ESTE #1602
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1665 Brandywine Rd #4115
West Palm Beach, FL 33409

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME

DP

STREET ADDRESS

FROST, JON

CITY-ST-ZIP

235 VIA ESTE #1602
DELRAY BEACH, FL 33445

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1665 Brandywine Rd #4115
West Palm Beach, FL 33409

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Signature, typed or printed name of signing officer or director

04/12/05

Date

(239) 890-3944

Daytime Phone #