

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90033 030 \*\*\*150.00

**DOCUMENT # P03000065814**

1. Entity Name  
**JON FROST ENTERPRISES, INC.**



Principal Place of Business  
**15880 SUMMERLIN ROAD 300  
221  
FT. MYERS, FL 33908**

Mailing Address  
**15880 SUMMERLIN ROAD 300  
221  
FT. MYERS, FL 33908**

**60024745**



2. Principal Place of Business - No P.O. Box #  
**154 Pilgrim Rd.**

3. Mailing Address  
**154 Pilgrim Rd.**

04082008 Chg-P CR2E034 (12/06)

City & State  
**West Palm Beach FL**  
Zip  
**33405**

City & State  
**West Palm Beach FL**  
Zip  
**33405**

4. FEI Number  
**75-3118980**  
Applied For  
☐ Not Applicable

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

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

**FROST, JON  
15880 SUMMERLIN RD 300 #221  
FORT MYERS, FL 33908**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**154 Pilgrim Rd.**  
City  
**West Palm Beach FL** Zip Code  
**33405**

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

**04/10/08**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
FROST, JON  
15880 SUMMERLIN ROAD 300 #221  
FT. MYERS, FL 33908** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**154 Pilgrim Rd.  
West Palm Beach FL 33405** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/08**

Date

**239-275-7766**

Daytime Phone #