


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000119004 1. Entity Name FROGGE, INC	
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Principal Place of Business 12660 METRO PKWY FORT MYERS, FL 33912	Mailing Address 4290 CLEVELAND AVE FORT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



07312007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1499802	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FROGGE, STEVE 4290 CLEVELAND AVE FORT MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>	U000000772071 09/14/07-80003-011 150.00 DATE: _____
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FROGGE, STEVE 12660 METRO PKWY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FROGGE, CHERYL 12660 METRO PKWY FORT MYERS, FL 33912
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IN THIS SPACE**

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 other like empowered. SIGNATURE: <u>Cheryl K Frogge</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>8/9/07</u> Date	<u>239-265-0526</u> Daytime Phone
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