

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000101522

1. Entity Name
FROSE, INC.



Principal Place of Business
**2600 NE 14TH STREET CAUSEWAY
POMPAHO BEACH, FL 33306-2 US**

Mailing Address
**2600 NE 14TH STREET CAUSEWAY
POMPAHO BEACH, FL 33306-2 US**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3171831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MACLEAN, FREDERICK R SR
2600 NE 14TH STREET CAUSEWAY
POMPAHO BEACH, FL 33062**

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U000000649173
03/07/07-80039-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MACLEAN, FREDERICK R JR
STREET ADDRESS	2480 NE 23RD STREET
CITY-ST-ZIP	POMPAHO BEACH, FL 33062
TITLE	VP
NAME	MACLEAN, FREDERICK R SR
STREET ADDRESS	2600 NE 14TH STREET CAUSEWAY
CITY-ST-ZIP	POMPAHO BEACH, FL 33062
TITLE	SEC
NAME	MACLEAN, FREDERICK R JR
STREET ADDRESS	2480 NE 23RD STREET
CITY-ST-ZIP	POMPAHO BEACH, FL 33062
TITLE	TRES
NAME	MACLEAN, FREDERICK R SR
STREET ADDRESS	2600 NE 14TH STREET CAUSEWAY
CITY-ST-ZIP	POMPAHO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 it 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

2-1-07

Date

954785-1900

Daytime Phone #