

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90094 038 ***150.00

DOCUMENT # P06000089050

1. Entity Name

FROST JANITORIAL, INC.



Principal Place of Business

1724 POWDER RIDGE DRIVE
VALRICO FL 33594
US

Mailing Address

1724 POWDER RIDGE DRIVE
VALRICO FL 33594
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-5149126

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROST, ANN MARIE
1724 POWDER RIDGE DRIVE
VALRICO FL 33594

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

3-20-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P D	<input type="checkbox"/> Delete
NAME	FROST, ANN MARIE	
STREET ADDRESS	1724 POWDER RIDGE DRIVE	
CITY ST ZIP	VALRICO FL 33594	
TITLE	V D	<input type="checkbox"/> Delete
NAME	FROST, SAM	
STREET ADDRESS	1724 POWDER RIDGE DRIVE	
CITY ST ZIP	VALRICO FL 33594	
TITLE	ST D	<input type="checkbox"/> Delete
NAME	SLINEY, FRED	
STREET ADDRESS	494 S. ATLANTIC AVE #203	
CITY ST ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
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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 Section 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07 813-362-0805

Date

Daytime Phone #