

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000040854

Entity Name: FROST AUTOMOTIVE, INC.

FILED  
Feb 11, 2009  
Secretary of State

## Current Principal Place of Business:

12295 CR 103  
OXFORD, FL 34484

## New Principal Place of Business:

707 SOUTH MAIN STREET  
WILDWOOD, FL 34785

## Current Mailing Address:

12295 CR 103  
OXFORD, FL 34484

## New Mailing Address:

FEI Number: 26-2477435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THORNTON, RANDALL N  
2031 NORTH C-470  
PANASOFFKEE, FL 33538 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CALLAWAY, BILLY  
Address: 12295 CR 103  
City-St-Zip: OXFORD, FL 34484

Title: VPST ( ) Delete  
Name: CALLAWAY, JALAINA  
Address: 12295 CR 103  
City-St-Zip: OXFORD, FL 34484

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JALAINA CALLAWAY

VPST

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date