


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P22182 1. Entity Name FLORIDA FREEZER, INC.	
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Principal Place of Business 4110 CENTERPOINTE DR. STE. 207 FORT MYERS, FL 33916-9424 US	Mailing Address 4110 CENTERPOINTE DR. STE. 207 FORT MYERS, FL 33916-9424 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0090806	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FAY, SUSAN JANE 4110 CENTERPOINTE DR. SUITE 207 FORT MYERS, FL 33916-9424

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D FAY, GORDON H. 4110 CENTER POINT DR # 207 FORT MYERS, FL 339169424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTHOLOMEW, GEORGE E. 4110 CENTER POINT DR #207 FORT MYERS, FL 339169424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FAY, SUSAN JANE 4110 CENTER POINT DR # 207 FORT MYERS, FL 339169424
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01/11/06-80052-017 158.75

**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 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: *Gordon H. Fay* *President* x *1/5/06* *239-275-6060*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #