

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90045 040 \*\*\*158.75

<b>DOCUMENT # P22182</b> 1. Entity Name <b>FLORIDA FREEZER, INC.</b>					
Principal Place of Business <b>4110 CENTERPOINTE DR. STE. 207 FORT MYERS, FL 33916-9424 US</b>			Mailing Address <b>4110 CENTERPOINTE DR. STE. 207 FORT MYERS, FL 33916-9424 US</b>		
2. Principal Place of Business - No P.O. Box # <b>410 CENTER POINTE DR.</b>		3. Mailing Address <b>410 CENTER POINTE DR.</b>			
Suite, Apt. #, etc. <b>SUITE 207</b>		Suite, Apt. #, etc. <b>SUITE 207</b>			
City & State 		City & State 			
Zip 		Country 		4. FEI Number <b>65-0090806</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>FAY, SUSAN JANE 4110 CENTERPOINTE DR. SUITE 207 FORT MYERS, FL 33916-9424</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>410 CENTER POINTE DR.</b>  City <div style="text-align: right;"><b>FL</b></div> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FAY, GORDON H.</b> <b>4110 CENTER POINT DR # 207</b> <b>FORT MYERS, FL 339169424</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>410 CENTER POINTE</b>  <b>33916-9424</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BARTHOLOMEW, GEORGE E.</b> <b>4110 CENTER POINT DR #207</b> <b>FORT MYERS, FL 339169424</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>410 CENTER POINTE</b>  <b>33916-9424</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>FAY, SUSAN JANE</b> <b>4110 CENTER POINT DR # 207</b> <b>FORT MYERS, FL 339169424</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>410 CENTER POINTE</b>  <b>33916-9424</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			<b>GORDON H. FAY</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>1/12/07</b> Daytime Phone #: <b>(239) 275-6060</b>		