


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90364 034 ***150.00

| | | | | | |
|--|-----------------------------------|--|--|--|--|
| DOCUMENT # P94000034382 | | | |  | |
| 1. Entity Name FROG BOX, INC. | | | | | |
| Principal Place of Business 3599 UNIVERSITY BLVD., STE. 1003 JACKSONVILLE, FL 32216 | | | Mailing Address P.O. BOX 19919 JACKSONVILLE, FL 32265 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 04252006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent | | | | 4. FEI Number 59-3249145 | |
| PARYANZ, SHYAM 3599 UNIV BLVD S #1000 JACKSONVILLE, FL 32216 | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | PARYANI, SHYAM | NAME | Paryani, Shyam | | |
| STREET ADDRESS | 3599 UNIVERSITY BLVD., STE. 1003 | STREET ADDRESS | 3599 University Blvd., Suite 1000 | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32216 | CITY-ST-ZIP | Jacksonville, FL 32216 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WELLS, JOHN JR. | NAME | Wells, John Jr. | | |
| STREET ADDRESS | 3599 UNIVERSITY BLVD., STE. 1003 | STREET ADDRESS | 3599 University Blvd., Suite 1000 | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32216 | CITY-ST-ZIP | Jacksonville, FL 32216 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BHIDE, VASANT | NAME | Bhide, Vasant | | |
| STREET ADDRESS | 3599 UNIVERSITY BLVD., STE. 1003 | STREET ADDRESS | 3599 University Blvd., Suite 1000 | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32216 | CITY-ST-ZIP | Jacksonville, FL 32216 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MARSLAND, TOM | NAME | Marsland, Tom | | |
| STREET ADDRESS | 3599 UNIVERSITY BLVD., STE. 1003 | STREET ADDRESS | 3599 University Blvd., Suite 1000 | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32216 | CITY-ST-ZIP | Jacksonville, FL 32216 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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: <u>S B O</u> | | Date: <u>4/2/06</u> | | Daytime Phone #: <u>904-346-3328</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |