

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		4. FEI Number 59-3249145	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PARYANZ, SHYAM 3599 UNIV BLVD S #1000 JACKSONVILLE, FL 32216			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					