


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000087874 1. Entity Name FROSTPROOF COMMUNITY DEVELOPMENT, INC.	
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Principal Place of Business 2 E WALL ST FROSTPROOF, FL 33843	Mailing Address PO BOX 7 FROSTPROOF, FL 33843
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3282819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREG LITTLETON 149 LAKE MARIAM RD SE WINTER HAVEN, FL 33884	DO NOT WRITE IN THIS SPACE
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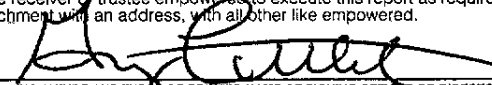
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>000000177795 01/11/05-80063-016 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCCULLOUGH, DAN 24 LAKE ARROWHEAD DR WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HARMON, JIM 4020 PAW PAW TRAIL LAKE WALES, FL 33898	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WHITBY, JACKIE 209 FAIRWAY DR HAINES CITY, FL 33844	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDONALD, BILL 1893 LAKE REEDY BLVD FROSTPROOF, FL 33843	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LITTLETON, GREG 149 LAKE MARIAM RD SE HAINES CITY, FL 33844	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Greg Littleton** 1-5-05 (869) 676-7631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #