

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 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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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3282819	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$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 _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	02/02/06-80015-017 150.00
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10. OFFICERS AND DIRECTORS	
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	

**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: _____ **1-20-06 (863) 676-7631**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #