

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000073

FILED  
Jan 11, 2012  
Secretary of State

Entity Name: FROST MANAGEMENT CO., INC.

**Current Principal Place of Business:**

18582 N. DALE MABRY HWY  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

18582 N. DALE MABRY HWY  
LUTZ, FL 33548

**New Mailing Address:**

FEI Number: 65-0534297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FROST, JOHN T  
18582 N. DALE MABRY HWY  
LUTZ, FL 33548 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: FROST, JOHN T  
Address: 18582 N. DALE MABRY HWY  
City-St-Zip: LUTZ, FL 33548

Title: STD  
Name: FROST, CHRISTOPHER M  
Address: 18582 N. DALE MABRY HWY  
City-St-Zip: LUTZ, FL 33548

Title: PSTD  
Name: FROST, JOHN E  
Address: 18582 N. DALE MABRY HWY  
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN T FROST

STD

01/11/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date