


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90047 031 \*\*\*150.00

<b>DOCUMENT # P95000000076</b> 1. Entity Name J. FROST ENTERPRISES, INC.	
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Principal Place of Business 18582 N DALE MABRY HWY LUTZ, FL 33548	Mailing Address 18582 N DALE MABRY HWY LUTZ, FL 33548
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3278290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FROST, JOHN T 1852 N DALE MABRY HWY LUTZ, FL 33548
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**DO NOT WRITE  
IN THIS SPACE**

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.

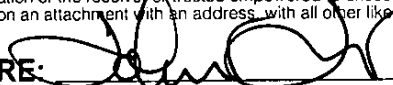
SIGNATURE:  JOHN T. FROST, President 1-16-06  
(NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROST, JOHN T 18582 N. DALE MABRY HWY LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FROST, JOHN E 18582 N. DALE MABRY HWY LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FROST, CHRISTOPHER M 18582 N. DALE MABRY HWY LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  JOHN T. FROST, President 1-16-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 813 991 4874