

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000066720

1. Entity Name
FROST LIGHTING CO. OF FLORIDA, INC.



Principal Place of Business
**PO BOX 146576
CHICAGO, IL 60614**

Mailing Address
**PO BOX 146576
CHICAGO, IL 60614**



07312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 65-0772696 | 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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTD BRIAN H LEAHY 355 S END AVE NEW YORK, NY 10280 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD DAVID KELLY 2240 N RACINE CHICAGO, IL 60614 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STEVEN O'CONNOR 9435 LAKE SIRENA DR BOCA RATON, FL 33496 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PETER MARKOWITZ BOX 83 BELLOWS RD FLEISCHMANN'S, NY 12430 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD FRED S DEAR 405 NORTHFIELD AVE WEST ORANGE, NJ 07052 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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08/07/06-80004-025 550.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8.3.06 312-642-7600