

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90024 027 ***150.00

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # S03737					
1. Entity Name FROST ENERGY COMPANY					
Principal Place of Business 721 BINNACLE POINT DR. LONGBOAT KEY, FL 34228			Mailing Address 721 BINNACLE POINT DR. LONGBOAT KEY, FL 34228		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0221252	
				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			7. Name and Address of New Registered Agent		
FROST, WELDON G 721 BINNACLE POINT DR. LONGBOAT KEY, FL 34228			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FROST, BRENDA T 721 BINNACLE POINT DR. LONGBOAT KEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FROST, BRENDA T 721 BINNACLE POINT DR. LONGBOAT KEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT FROST, WELDON G 721 BINNACLE PT. DR. LONGBOAT KEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FROST, TERRENCE W 20 CLARKSON ST APT-8 DENVER, CO 80248	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D FROST, TERRENCE W 2640 SOUTH DOWNING STREET DENVER CO 80210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FROST, JAMES T 411 GEBER AVE NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D FROST, JAMES T. 1010 HORTON STREET NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Weldon G. Frost</i>			Weldon G. Frost President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 6 January 2005		

(941) 383-8980

Daytime Phone #