


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # S45293 1. Entity Name BIG FROSTY, INC.	
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Principal Place of Business 1320 HWY 70 EAST OKEECHOBEE, FL 34974 US	Mailing Address 680 MIDDLETOWN BLVD STE 101 LANGHORNE, PA 19047 US
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DO NOT WRITE IN THIS SPACE



08272004 No Chg-P CR2E034 (10/03)

4. FEI Number 93-1137655	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

REITMAN, HERMAN
4910-C NW 4TH ST
DELRAY BEACH, FL 33445

**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 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000171401 09/01/04-80005-003 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHERVEDO, THOMAS 680 MIDDLETOWN BLVD- STE 101 LANGHORNE, PA 19047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REITMAN, GARY 680 MIDDLETOWN BLVD- STE 101 LANGHORNE, PA 19047
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #