2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # \$51656 1. Entity Name FRIGID-RIGID, INC.				Jan 27, 2004 08:00 AM Secretary of State
Principal Place of Business 17027 TERRAVERDE CIRCLE FT MYERS FL 33908 US	Mailing Address 17027 TERRAVERDE (FT MYERS FL 33908 US	CIRCLE		
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite. Apt. #, etc			MOORE CR2E034 (11703)
City & State	City & State		4.	FEI Number 65-0261219 Applied For Not Applied
Zip Country	Zip	Country	5.	Certificate of Status Desired Security
6. Name and Address of Current I	Registered Agent	Name	7.	Name and Address of New Registered Agent
KOSANKI, DOUGLAS 3903 SKYWAY DR NAPLES FL 34112		Street Ad	ldress (P.O.	Box Number is Not Acceptable)
		City		FL Zip Code
8. The above named entity submits this statement for the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent to FILE NOW!!! FEE IS \$150.00		Fegistered office or		
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of	State			9. Election Campaign Financing \$5.80 May 8 Trust Fund Contribution. Added to Fees
10. OFFICERS AND		11.	A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME ANDERSON, BRUCE STREET ADDRESS 17038 TERRAVERDA CIRCLE CITY-ST-ZIP FT MYERS FL 33908	☐ Defete	TRILE NAME STREET ADDRESS CRY+ST-ZIP		U00000014903 01/27/04-80040-021 150.00
TITLE TS NAME ANDERSON, JOANN STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908	☐ Defete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change ☐ A.÷
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Belete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addi
TITLE NAME STREET ADDRESS CITY-S7-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ A d:
TITLE NAME STREET ADDRESS CRY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change ☐ A.÷
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Selete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ada
indicated on this report or supplemental report is of the corporation or the receiver or trustee empichanged, or on an attachment with an address,	s true and accurate and that owered to execute this repor	my signature shail het as required by Cha d.		on 119.07(3)(i), Florida Statutes. I further certify that the informatione legal effect as if made under oath, that I am an officer or directorida Statutes; and that my name appears in Block 10 or Block 1

FILED