

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154404

Entity Name: FRONTIER OUTFITTERS INC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

1150 HAMILTON LANE SPACE #60
CHOKOLOSKEE, FL 34138

New Principal Place of Business:

Current Mailing Address:

1150 HAMILTON LANE SPACE #60
CHOKOLOSKEE, FL 34138

New Mailing Address:

PO BOX 694
CHOKOLOSKEE, FL 34138

FEI Number: 75-3204296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMPHERE, WADE
LOT #60 1150 HAMILTON LANE
CHOKOLOSKEE, FL 34138 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: LAMPHERE, WADE
Address: LOT #60 1150 HAMILTON LANE
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: VP () Delete
Name: LAMPHERE, MARK ANDREW JR.
Address: LOT #60 1150 HAMILTON LANE
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: T/D () Delete
Name: LAMPHERE, GINA
Address: LOT #60 1150 HAMILTON LANE
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: S () Delete
Name: LAMPHERE, LINDSEY
Address: LOT #60 1150 HAMILTON LANE
City-St-Zip: CHOKOLOSKEE, FL 34138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA LAMPHERE

T/D

01/07/2009

Electronic Signature of Signing Officer or Director

Date