2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2010
Secretary of State

DOCUMENT# P05000154404

Entity Name: FRONTIER OUTFITTERS INC

Current Principal Place of Business:

1150 HAMILTON LANE SPACE #60
CHOKOLOSKEE, FL 34138

New Principal Place of Business:

Current Mailing Address:

PO BOX 694
CHOKOLOSKEE, FL 34138

New Mailing Address:

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
Name: LAMPHERE, WADE
Address: LOT #60 1150 HAMILTON LANE
City-St-Zip: CHOKOLOSKEE, FL 34138

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GINA LAMPHERE T/D 02/23/2010

Electronic Signature of Signing Officer or Director Date