


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 680712</b>	
1. Entity Name <b>FRONTIER CONSTRUCTION COMPANY</b>	

Principal Place of Business <b>110 LITTLE OAK LANE ALTAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>110 LITTLE OAK LANE ALTAMONTE SPRINGS, FL 32714</b>
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02102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2050105</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HOUSTON, CHARLES 110 LITTLE OAK LANE ALTAMONTE SPRINGS, FL 32714</b>
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**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	NAME <b>HOUSTON, CHARLES</b> STREET ADDRESS <b>110 LITTLE OAK LANE</b> CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32712</b>
TITLE <b>V</b>	NAME <b>HOUSTON, CRAIG</b> STREET ADDRESS <b>110 LITTLE OAK LANE</b> CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32712</b>
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04/29/04-80055-001 150.00

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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:  **4-27-04 407/645-0027**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #