


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90015 048 ****70.00

DOCUMENT # 739005					
1. Entity Name FLORIDA FRONTIERSMEN, INC.					
Principal Place of Business 2106 BETTY ANN DRIVE AUBURNDALE, FL 33823 US			Mailing Address 2106 BETTY ANN DRIVE AUBURNDALE, FL 33823 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2849758	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FULBRIGHT, GREG 2106 BETTY ANN DRIVE AUBURNDALE, FL 33823			Name <u>Glynda Fulbright</u> Street Address (P.O. Box Number is Not Acceptable) <u>2106 Betty Ann Dr.</u> City <u>Auburndale</u> FL <u>33823</u>		
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 <u>Glynda Fulbright Treasurer Glynda Fulbright</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>1-11-06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MAX		NAME	Jack Keener	
STREET ADDRESS	9641 49TH WAY		STREET ADDRESS	3149 Ray Rd	
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP	Lakeland FL 33810	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ED		NAME		
STREET ADDRESS	2115 TODD ROAD		STREET ADDRESS		
CITY-ST-ZIP	GROVELAND, FL 34736		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCINTYRE, MIKE		NAME	Mitch Mitchell	
STREET ADDRESS	1198 BENNETT RD		STREET ADDRESS	9754 Tolbert Stephens Rd.	
CITY-ST-ZIP	ONA, FL 33865		CITY-ST-ZIP	Ona FL 33865	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULBRIGHT, GREG		NAME	Glynda Fulbright	
STREET ADDRESS	2106 BETTY ANN DR.		STREET ADDRESS	2106 Betty Ann Dr.	
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP	Auburndale FL 33823	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTS, MARY		NAME	Dana Bearry	
STREET ADDRESS	10457 COPPERWOOD DR.		STREET ADDRESS	9310 Evans Rd	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		CITY-ST-ZIP	Polk City FL 33868	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: <u>Glynda Fulbright</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1-11-06</u> Daytime Phone # <u>863-553-3171</u>	