


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90109 002 \*\*\*\*61.25

<b>DOCUMENT # 739005</b>					
1. Entity Name FLORIDA FRONTIERSMEN, INC.					
Principal Place of Business 2106 BETTY ANN DRIVE AUBURDALE, FL 33823 US			Mailing Address 2106 BETTY ANN DRIVE AUBURDALE, FL 33823 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FULBRIGHT, GLYNDA 2106 BETTY ANN DRIVE AUBURDALE, FL 33823				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 <i>Glynda Fulbright</i>		SIGNATURE <i>Glynda Fulbright</i>		DATE 2-8-07	
Filing Fee is \$61.25 Due by May 1, 2007		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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENER, JACK		NAME		
STREET ADDRESS	3149 RAY RD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ED		NAME	Clayton Graves	
STREET ADDRESS	2115 TODD ROAD		STREET ADDRESS	5845 Ross Creek Rd	
CITY-ST-ZIP	GROVELAND, FL 34736		CITY-ST-ZIP	Lakeland FL 33810	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELIN, MITCH		NAME	Mitch Mitchell	
STREET ADDRESS	9754 TOLBERT STEPHENS RD		STREET ADDRESS		
CITY-ST-ZIP	ONA, FL 33865		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULBRIGHT, GLYNDA		NAME		
STREET ADDRESS	2106 BETTY ANN DR.		STREET ADDRESS		
CITY-ST-ZIP	AUBURDALE, FL 33823		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARRY, DANA		NAME		
STREET ADDRESS	9310 EVANS RD		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP		
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: <i>Glynda Fulbright</i>		SIGNATURE <i>Glynda Fulbright</i>		DATE 2-8-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				863-533-3171	
				Daytime Phone #	

40015399



02082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2849758

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

*Glynda Fulbright*  
Signature, typed or printed name of registered agent and title if applicable.

*Glynda Fulbright*  
(NOTE: Registered Agent signature required when reinstating)

2-8-07  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
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NAME	BEARRY, DANA	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE: *Glynda Fulbright* *Glynda Fulbright* 2-8-07 863-533-3171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #