

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004965

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** FRONTIER RESOURCE & RECOVERY SERVICES, INC.

**Current Principal Place of Business:**

7653 DORCHESTER ROAD  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 563  
LEWISTON, NY 14092

**New Mailing Address:**

**FEI Number:** 16-1108424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BATES, WILLIAM  
7653 DORCHESTER ROAD  
BOYNTON BEACH, FL 33437 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  
**Name:** BATES, WILLIAM  
**Address:** 7653 DORCHESTER ROAD  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** S  
**Name:** BATES, JOAN  
**Address:** 7653 DORCHESTER ROAD  
**City-St-Zip:** BOYNTON BEACH, FL 33437

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: WILLIAM BATES

P

02/02/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date