


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000005647
 1. Entity Name
 FRONTIER VILLAGE COMPANY, LTD.



Principal Place of Business Mailing Address
 1111 KANE CONCOURSE 1111 KANE CONCOURSE
 #609 #609
 SURFSIDE, FL 33154 US SURFSIDE, FL 33154 US

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 56-1188311 Not Applicable

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

6. Name and Address of Current Registered Agent
 LYONS, IRMA BAKER
 1111 KANE CONCOURSE #609
 BAY HARBOR ISLANDS, FL 33154

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCPS
 NAME LYONS, JAMES F TRUSTEE
 STREET ADDRESS 1111 KANE CONCOURSE #609
 CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

TITLE T
 NAME LYONS, JAMES F
 STREET ADDRESS 1111 KANE CONCOURSE #609
 CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

TITLE VPS
 NAME LYONS, IRMA BAKER
 STREET ADDRESS 1111 KANE CONCOURSE #609
 CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154

TITLE
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 01/14/05-80040-017 150.00

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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: James Baker Lyons 1/11/05 (305) 868-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #