

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90055 028 ***150.00

DOCUMENT # H00248 1. Entity Name FRONTIER JUNCTION, INC.			
Principal Place of Business 412 NE 16TH AVE. GAINESVILLE, FL 32601		Mailing Address 412 NE 16TH AVE. GAINESVILLE, FL 32601	
2. Principal Place of Business 4127 NW 27th Ln.		3. Mailing Address PO Box 357845	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Gainesville FL		City & State Gainesville FL	
Zip 32606		Zip 32635	
Country USA		Country USA	
4. FEI Number 59-2401593		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, DENNIS G. 412 N.E. 16TH AVE. GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Lee, Dennis G. Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27th Ln, Suite A City Gainesville FL Zip 32606	
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><i>Dennis G. Lee</i></u> Dennis G. Lee <u>1/29/04</u> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD NAME LEE, DENNIS G. STREET ADDRESS 412 NE 16TH AVE. CITY-ST-ZIP GAINESVILLE, FL,	<input type="checkbox"/> Delete	TITLE PSD NAME Lee, Dennis G. STREET ADDRESS 4127 NW 27th Ln, Suite A CITY-ST-ZIP Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME LEE, CARIDAD STREET ADDRESS 412 N.E. 16TH AVENUE CITY-ST-ZIP GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE VP NAME Lee, Caridad STREET ADDRESS 4127 NW 27th Ln, Suite A CITY-ST-ZIP Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME DAVIES, LISA S STREET ADDRESS 412 N.E. 16TH AVE. CITY-ST-ZIP GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE AS NAME Davies, Lisa STREET ADDRESS 4127 NW 27th Ln, Suite A CITY-ST-ZIP Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Dennis G. Lee</i></u> Dennis G. Lee <u>1/29/04</u> 352-334-1976 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			