

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # K44305

1. Entity Name
GARY FRONRATH ENTERPRISES, INC.



Principal Place of Business

**5353 N FEDERAL HWY
STE 204
FT. LAUDERDALE, FL 33308 US**

Mailing Address

**5353 N FEDERAL HWY
STE 204
FT. LAUDERDALE, FL 33308 US**



04112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2915420

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DORER, ERIC J
5353 N FEDERAL HWY
STE 204
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000115454
04/16/04-80025-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	FRONRATH, GARY
STREET ADDRESS	5353 N FEDERAL HWY STE 204
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	VT
NAME	FRONRATH, GARY
STREET ADDRESS	5353 N FEDERAL HWY STE 204
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VS
NAME	WILLIAMS, BARBARA
STREET ADDRESS	5353 N FEDERAL HWY STE 204
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Barbara Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04 954-489-3973
Date Daytime Phone #