

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K44305

1. Entity Name
GARY FRONRATH ENTERPRISES, INC.



FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90293 046 ***150.00

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**

2. Principal Place of Business
5353 N. Federal Hwy.

3. Mailing Address
5353 N. Federal Hwy.

Suite, Apt. #, etc.
Suite 213

Suite, Apt. #, etc.
Suite 213

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip Country
33308 Broward

Zip Country
33308 Broward

04222005 Chg-P CR2E034 (10/03)

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**

7. Name and Address of New Registered Agent

Name
Gary Fronrath

Street Address (P.O. Box Number is Not Acceptable)
**5353 N. Federal Hwy.
Suite 213**

City
Ft. Lauderdale **FL** Zip Code
33308

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 **Gary Fronrath**

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

(NOTE: Registered Agent signature required when reinstating)

4-25-05

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PT
FRONRATH, GARY
5353 N FEDERAL HWY STE 204
FT LAUDERDALE, FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VT
FRONRATH, GARY
5353 N FEDERAL HWY STE 204
FORT LAUDERDALE, FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VS
WILLIAMS, BARBARA
5353 N FEDERAL HWY STE 204
FT LAUDERDALE, FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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: **Barbara Williams, Sec.** *Barbara Williams* **4-25-05** **954-489-3973**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #