


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2005 90293 046 ***150.00

DOCUMENT # K44305

1. Entity Name
GARY FRONRATH ENTERPRISES, INC.



Principal Place of Business Mailing Address

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

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

2. Principal Place of Business 3. Mailing Address

5353 N. Federal Hwy. **5353 N. Federal Hwy.**

Suite, Apt. #, etc. Suite, Apt. #, etc.


Suite 213 **Suite 213**

City & State City & State

Ft. Lauderdale, FL **Ft. Lauderdale, FL**

Zip Country Zip Country

33308 **Broward** **33308** **Broward**



04222005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-2915420 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** DATE **4-25-05**

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRONRATH, GARY		NAME		
STREET ADDRESS	5353 N FEDERAL HWY STE 204		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRONRATH, GARY		NAME		
STREET ADDRESS	5353 N FEDERAL HWY STE 204		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BARBARA		NAME		
STREET ADDRESS	5353 N FEDERAL HWY STE 204		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 #