

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90001 034 ***150.00

DOCUMENT # P01000079668 1. Entity Name FRONTLINE EMPOWERMENT RESOURCES INC.					
Principal Place of Business 4510 N.W. 65th Ave Lauderhill, FL 33319			Mailing Address 4510 N.W. 65th Avenue Lauderhill, FL 33319		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIVERPOOL, RUTH 8428 W OAKLAND PARK BLVD SUNRISE, FL 33351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <i>Ruth Liverpool</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 7-1-04	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				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 NAME STREET ADDRESS CITY-ST-ZIP PD HOWERTON, JANIE 4510 NW 65th Ave Lauderhill, FL 33319				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: <i>Janie Howerton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 7-1-04 Daytime Phone # (954) 746-5811	



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 3, 2004

FRONTLINE EMPOWERMENT RESOURCES INC.
ATTN: RUTH LIVERPOOL
8428 WEST OAKLAND PARK BLVD
SUNRISE, FL 33351

SUBJECT: ~~FRONTLINE EMPOWERMENT RESOURCES INC.~~
Ref. Number: P01000079668

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 904A00038190



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 13, 2004

FRONTLINE EMPOWERMENT RESOURCES INC.
777 S. STATE RD. 7
MARGATE, FL 33068

SUBJECT: FRONTLINE EMPOWERMENT RESOURCES INC.
Ref. Number: P01000079668

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 504A00033427

Attachment

54063717



Division of Corporations

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Document Number

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Business Entity Name

FRONTLINE EMPOWERMENT RESOURCES INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

220848394

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

4510 N.W 65TH Avenue

Suite, Apt. #, etc.

City, State

Lauderhill

FL

Zip Code & Country

33319

Mailing Address

Address

4510 N.W 65TH Avenue

Suite, Apt. #, etc.

City, State

lauderhill

FL

Zip Code & Country

33319

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

Liverpool

Ruth

-or- RA Business Name

Address

4974 N. University Dr.

Suite, Apt. #, etc.

City, State

Lauderhill

FL

Zip Code & Country

33351

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a

Attachment

54063717

business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

L. L. Livepod

P06000079662

Continue

Reset

Start Over

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Public Access Help



Division of Corporations

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Document Number

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Business Entity Name

FRONTLINE EMPOWERMENT RESOURCES INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

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Zip Code & Country

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-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

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City, State

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P01000079668

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title P
Officer/Director Signature

Jane Maxwellson

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