## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000106864

Entity Name: FRONTIER FINANCIAL SERVICES, INC.

FILED Mar 16, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

2828 S MC CALL RD 2828 S MC CALL RD

#45 #345

ENGLEWOOD, FL 34224 US ENGLEWOOD, FL 34224 US

Current Mailing Address: New Mailing Address:

11445 DANCING RIVER DR 2828 S. MCCALL RD

VENICE, FL 34292 US #345

ENGLEWOOD, FL 34224 US

FEI Number: 22-3875007 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHRAM, BRUCE E PRESIDE

11445 DANCING RIVER DR

VENICE, FL 34292 US

MEAD, BARBARA J PRESIDE

2828 S. MCCALL ROAD

#345

VENICE, FL 34292 US #345 ENGLEWOOD, FL 34224 US

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.

SIGNATURE: BARBARA JONES MEAD 03/16/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition
Name: SCHRAM, BRUCE E PRES Name: MEAD, BARBARA J PRES
Address: 11445 DANCING RIVER DR Address: 2828 S. MCCALL ROAD
City-St-Zin: VENICE EL 34292 US

City-St-Zip: VENICE, FL 34292 US City-St-Zip: ENGLEWOOD, FL 34224 US

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 HOGREFE, SUSAN M V PRES.

 Address:
 Address:
 2828 SOUTH MCCALL ROAD

 City-St-Zip:
 City-St-Zip:
 ENGLEWOOD, FL 34224 US

Title: ( ) Delete Title: SEC ( ) Change (X) Addition Name: HOGREFE, SUSAN M TREAS.
Address: Address: 2828 SOUTH MCCALL ROAD City-St-Zip: ENGLEWOOD, FL 34224 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. HOGREFE VP 03/16/2007