
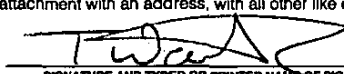


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90120 006 ***150.00

DOCUMENT # P03000002347 1. Entity Name FRONTLINE FLORIDA PROPERTY MANAGEMENT, INC.			
Principal Place of Business 206 CORK WAY DAVENPORT, FL 33897		Mailing Address 206 CORK WAY DAVENPORT, FL 33897	
2. Principal Place of Business 3079 Landings Court Suite, Apt. #, etc.		3. Mailing Address 3079 Landings Court Suite, Apt. #, etc.	
City & State Haines City, Florida Zip 33844 Country		City & State Haines City, Florida Zip 33844 Country	
4. FEI Number 11-3670846		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAITES, TONY 206 CORK WAY DAVENPORT, FL 33897			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3079 Landings Court City Haines City FL Zip Code 33844			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P WAITES, TONY 206 CORK WAY DAVENPORT, FL 33897	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3079 Landings Court Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	YP Waites, Pamela 3079 Landings Court Haines City, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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:  TONY WAITES		Date 03/12/05 Daytime Phone # 8634210641	

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