

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P20923**

1. Entity Name  
**FRONTIER GENERAL INSURANCE AGENCY, INC.**



Principal Place of Business  
**6801 CALMONT  
FORT WORTH, TX 76116 US**

Mailing Address  
**6801 CALMONT  
FORT WORTH, TX 76116 US**



02232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-2234314**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U000000078596  
03/08/04-80031-021 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
FERGUSON, STEVEN C  
6801 CALMONT  
FT. WORTH, TX**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PGCD  
GEER, WILLIAM E.  
6801 CALMONT  
FT WORTH, TX**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VDD  
ROBINSON, ROBERT P.  
6801 CALMONT  
FT WORTH, TX**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
JOHNSTON, ALVIN M JR  
6801 CALMONT  
FT WORTH, TX**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSTD  
STASEY, WILLIAM GARY  
6801 CLAMONT  
FORT WORTH, TX**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
JONES, BRYAN E  
6801 CALMENT  
FT WORTH, TX**

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

**William E. Geer**

**2-23-04**

**817) 732-2111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #