

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 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  
**POST OFFICE BOX 230  
FORT WORTH, TX 76101**



01062005 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**

**NRAI SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE, FL 32301**

**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, 2005 Fee will be \$550.00**

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

**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 CALMONT  
FT WORTH, TX**

01/11/05-80002-009 150.00

**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, President 817)732-2111**

**1/07/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #