


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

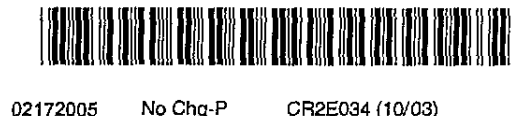
FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000052989
1. Entity Name
FRONTAGE PROPERTIES, INC.



Principal Place of Business 2515 E. HANNA AVE. TAMPA, FL 33610	Mailing Address P O BOX 9658 TAMPA, FL 33674-658 US
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DO NOT WRITE IN THIS SPACE



4. FEI Number 59-3441336	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMSON, LEON A JR.
2515 E. HANNA AVE.
TAMPA, FL 33610

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

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

1100000241406
02/24/05-80040-023 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JURADO, JAIME 2515 E. HANNA AVE. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JURADO, KURT D 2515 E. HANNA AVE. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD JURADO, KEITH M 2515 E. HANNA AVE. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Jaime Jurado 2/21/05 (813) 238-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Jaime Jurado, Treasurer