

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90302 040 \*\*\*150.00

**DOCUMENT # P97000067044**

1. Entity Name  
**FRONTLINE INSURANCE MANAGERS INC.**



Principal Place of Business  
**200 COLONIAL CENTER PKWY  
STE 100  
LAKE MARY, FL 32746**

Mailing Address  
**PO BOX 952709  
LAKE MARY, FL 32795 US**

**50043461**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**13-3963337**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VENDITTELLI, LOUIS V ESQ  
200 COLONIAL CENTER PARKWAY  
SUITE 100  
LAKE MARY, FL 32746**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
DCEO  
PORTER, LANIER M  
STREET ADDRESS  
200 COLONIAL CENTER PKWY SUITE 100  
CITY-ST-ZIP  
LAKE MARY, FL 32746 ☐ Delete

TITLE  
NAME  
D  
Emily McDonald  
STREET ADDRESS  
149 Oak Ridge Ave  
CITY-ST-ZIP  
Summit, NJ 07901 ☐ Change ☒ Addition

TITLE  
NAME  
C  
KING, WILLIS T JR  
STREET ADDRESS  
122 PROSPECT ST  
CITY-ST-ZIP  
SUMMIT, NJ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
D  
COSGROVE, JOHN J  
STREET ADDRESS  
201 W FLAGLER ST  
CITY-ST-ZIP  
MIAMI, FL 33130 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
DPS  
PORTER, LEMAN  
STREET ADDRESS  
1505 WHITSTABLE CT  
CITY-ST-ZIP  
LAKE MARY, FL 32746 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
DCFT  
WILLIAMS, DWAYNE R  
STREET ADDRESS  
200 COLONIAL CENTER PKWY SUITE 100  
CITY-ST-ZIP  
LAKE MARY, FL 32746 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
DVP  
HUMPHREY, HAROLD  
STREET ADDRESS  
200 COLONIAL CENTER PKWY SUITE 100  
CITY-ST-ZIP  
LAKE MARY, FL 32746 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Dwayne R. Williams*

4/24/05

407-444-5224