


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000067044</b>	
1. Entity Name <b>FRONTLINE INSURANCE MANAGERS INC.</b>	

Principal Place of Business <b>200 COLONIAL CENTER PKWY STE 100 LAKE MARY, FL 32746</b>	Mailing Address <b>PO BOX 952709 LAKE MARY, FL 32795 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05302008 Chg-P CR2E034 (12/06)

4. FEI Number  
**13-3963337**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

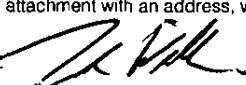
**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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	<b>DCEO PORTER, LANIER M 200 COLONIAL CENTER PKWY SUITE 100 LAKE MARY, FL 32746</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C KING, WILLIS T JR 200 COLONIAL CENTER PKWY SUITE 100 LAKE MARY, FL 32746</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCDONALD, EMILY R 200 COLONIAL CENTER PKWY SUITE 100 LAKE MARY, FL 32746</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS PORTER, LEMAN 200 COLONIAL CENTER PKWY SUITE 100 LAKE MARY, FL 32746</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT WILLIAMS, DWAYNE R 200 COLONIAL CENTER PKWY SUITE 100 LAKE MARY, FL 32746</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP HUMPHREY, HAROLD 200 COLONIAL CENTER PKWY SUITE 100 LAKE MARY, FL 32746</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000952496 06/04/08-80083-003 550.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  **Dwayne R. Williams Dir.** 5/30/08 321-249-9106