

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067044

FILED
Mar 10, 2009
Secretary of State

Entity Name: FRONTLINE INSURANCE MANAGERS INC.

Current Principal Place of Business:

200 COLONIAL CENTER PKWY
STE 100
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

PO BOX 952709
LAKE MARY, FL 32795 US

New Mailing Address:

FEI Number: 13-3963337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: PORTER, LANIER M
Address: 200 COLONIAL CENTER PKWY SUITE 100
City-St-Zip: LAKE MARY, FL 32746

Title: C () Delete
Name: KING, WILLIS T JR
Address: 200 COLONIAL CENTER PKWY SUITE 100
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: MCDONALD, EMILY R
Address: 200 COLONIAL CENTER PKWY SUITE 100
City-St-Zip: LAKE MARY, FL 32746

Title: DPS () Delete
Name: PORTER, LEMAN
Address: 200 COLONIAL CENTER PKWY SUITE 100
City-St-Zip: LAKE MARY, FL 32746

Title: DVPT () Delete
Name: WILLIAMS, DWAYNE R
Address: 200 COLONIAL CENTER PKWY SUITE 100
City-St-Zip: LAKE MARY, FL 32746

Title: DVP () Delete
Name: HUMPHREY, HAROLD
Address: 200 COLONIAL CENTER PKWY SUITE 100
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWAYNE R. WILLIAMS

DVPT

03/10/2009

Electronic Signature of Signing Officer or Director

Date