

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90005 031 \*\*\*150.00

**DOCUMENT # P98000041636**

1. Entity Name

FRONTIER SYSTEMS SERVICES, INC.



Principal Place of Business

513 ROBLES LANE  
PONTE VEDRA BEACH FL 32082

Mailing Address

513 ROBLES LANE  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3501132

Applied For

Not Applicable

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

ANDERSON, JON  
513 ROBLES LANE  
PONTE VEDRA BEACH FL 32082

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ANDERSON, JON  
STREET ADDRESS 513 ROBLES LANE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE VP ☐ Delete  
NAME HERRON, KATE  
STREET ADDRESS 5112 SPAANEM ROAD  
CITY-ST-ZIP MADISON WI 53714

TITLE S ☐ Delete  
NAME ANDERSON, EMILY  
STREET ADDRESS 1115 GAMMON LANE UNIT 1  
CITY-ST-ZIP MADISON WI 53719

TITLE T ☐ Delete  
NAME ANDERSON, BRETT  
STREET ADDRESS 145 FRANKLIN ST APT 1  
CITY-ST-ZIP MADISON WI 53703

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP ☒ Change ☐ Addition  
NAME Herron, Kate  
STREET ADDRESS 3343 Forest Oaks Drive  
CITY-ST-ZIP Sun Prairie, WI 53590

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

TITLE T ☒ Change ☐ Addition  
NAME Anderson, Brett  
STREET ADDRESS 215 Roosevelt Drive, Unit 3  
CITY-ST-ZIP West Bend, WI 53090

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

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

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:** Jon Anderson Jon Anderson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-04

Date

904-280-8616

Daytime Phone #