

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90020 042 ***150.00

DOCUMENT # P98000041636

1. Entity Name

FRONTIER SYSTEMS SERVICES, INC.



Principal Place of Business

4460 GOLF RIDGE DR
ELKTON FL 32033

Mailing Address

4460 GOLF RIDGE DR
ELKTON FL 32033



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

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

ANDERSON, JON
513 ROBLES LANE
PONTE VEDRA BEACH FL 32082

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

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, 2006 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 4460 GOLF RIDGE DR
CITY-ST-ZIP ELKTON FL 32033

TITLE VP ☐ Delete
NAME HERRON, KATE
STREET ADDRESS 3343 FOREST OAKS DRIVE
CITY-ST-ZIP SUN PRAIRIE WI 53590

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 215 ROOSEVELT DRIVE UNIT 3
CITY-ST-ZIP WEST BEND WI 53090

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 P, T ☒ Change ☐ Addition
NAME Anderson, Jon
STREET ADDRESS 4460 Golf Ridge Drive
CITY-ST-ZIP Elkton, FL 32033

TITLE VP ☒ Change ☐ Addition
NAME Herron, Kate
STREET ADDRESS 1509 Woodvale Drive
CITY-ST-ZIP Madison, WI 53716

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

TITLE ☐ Change ☐ Addition
NAME (Anderson, Brett is no longer
STREET ADDRESS an Officer)
CITY-ST-ZIP

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 exemptions contained in Section 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: Jon Anderson / Jon Anderson

1/25/06

904-824-3928