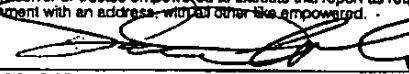


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

04-19-2005 90396 026 ***150.00

DOCUMENT # P99000081284			
1. Entity Name FRONTIER LAND COMPANY			
Principal Place of Business 395 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080		Mailing Address 395 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080	
2. Principal Place of Business 2225 A1A SOUTH		3. Mailing Address P.O. Box 469	
Suite, Apt. #, etc. SUITE C-8		Suite, Apt. #, etc.	
City & State ST. AUGUSTINE FL		City & State ST. AUGUSTINE FL	
Zip 32080	Country U.S.A.	Zip 32085	Country U.S.A.
4. FEI Number 59-3595903		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLE, SCOTT III 395 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name W. STEVE SYKES Street Address (P.O. Box Number is Not Acceptable) 2225 A1A SOUTH SUITE C-8 City ST AUGUSTINE FL Zip Code 32080	
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: W. STEVE SYKES DATE: 5/11/2005 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)			
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 STREET ADDRESS CITY-ST-ZIP	PD COLE, SCOTT III 395 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT STEVE SYKES P.O. Box 469 ST. AUGUSTINE FL 32085 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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, without other like empowerment.			
SIGNATURE: 		Date: 904-4621-5505 Daytime Phone #	