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

04-19-2005 90396 026 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000081284

1. Entity Name
FRONTIER LAND COMPANY

Principal Place of Business	Mailing Address
395 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080	395 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080

66017636

04122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2225 A1A SOUTH		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 [signature] 5/1/2005
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, 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	S+T 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
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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, with all other like empowered.

SIGNATURE: [signature] 904-461-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #