2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004 8:00 am
Secretary of State
06-17-2004 90002 025 ***150.00

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1. Entity Name
FLYING R ENTERPRISES, INC.

54057768

Principal Place of Business	Mailing Address
10880 103RD STREET JACKSONVILLE, FL 32210	P. O. BOX 1804 ORANGE PARK, FL 32067 US

06112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2141856
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, HOWARD L ESQ
200 WEST FORSYTH STREET
SUITE 1100
JACKSONVILLE, FL 32202-4308

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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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RATZLAFF, JUDITH L.
STREET ADDRESS	3211 DOCTORS LAKE DR
CITY-ST-ZIP	ORANGE ~~PARK~~, FL
TITLE	VP PARK
NAME	RATZLAFF, GUY A.
STREET ADDRESS	~~8468 COUNTRY BEND CIRCLE E~~ 3221 Doctors Lake DR
CITY-ST-ZIP	~~JACKSONVILLE, FL~~ ORange Park FL 32073
TITLE	T
NAME	LOCKE, ELIZABETH A
STREET ADDRESS	775 ENNIS DR
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Elizabeth A. Locke 6-11-04 598-6101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #