

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90084 044 ***150.00

DOCUMENT # G17997

1. Entity Name
FLINT, INC.



Principal Place of Business
**2524 GLENDALE PLACE
ROYAL PALM BEACH, FL 33411 US**

Mailing Address
**11835 CANON BLVD.
STE. C-105
NEWPORT NEWS, VA 23606**

14000507



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2244533

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLINT, KAREN A
2524 GLENDALE PL
ROYAL PALM BEACH, FL 33411**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLINT, RICHARD
11835 CANON BLVD. STE C-105
NEWPORT NEWS, VA 236062570** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FLINT, KAREN A
2524 GLENDALE PL
ROYAL PALM BEACH, FL 33411** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Karen A. Flint
KAREN A. FLINT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04 1-800-368-8255

Date

Daytime Phone #

14600507



RECEIVED MAR 12 2004

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 20, 2004

FLINT, INC.
11835 CANON BLVD.
STE. C-105
NEWPORT NEWS, VA 23606

SUBJECT: FLINT, INC.
Ref. Number: G17997

We have received your document for FLINT, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

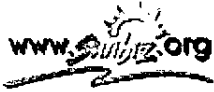
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 904A00011681

3-17-04 They said the payment went thru on-line. So do not need to send check again. Sign form with letter & return to them.

Attachment
Division of Corporations

14000507

Annual Report

Page 1

Document Number

G17997

Business Entity Name

FLINT, INC.

FEI Number

59224453

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

\$8.75 each

Principal Place of Business

Address

2524 GLENDALE PLACE

Suite, Apt. #, etc.

City, State

ROYAL PALM BEACH

FL

Zip Code & Country

33411

US

Mailing Address

Address

11835 CANON BLVD.

Suite, Apt. #, etc.

STE. C-105

City, State

NEWPORT NEWS

VA

Zip Code & Country

23606

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

FLINT

KAREN

A.

-or- RA Business Name

Address

2524 GLENDALE PL

Suite, Apt. #, etc.

City, State

ROYAL PALM BEACH

FL

Zip Code & Country

33411

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Karen A. Flint

Continue

Reset

Start Over

Attachment



Division of Corporations

14000507

Annual Report

Page 2

Document Number

G17997

Business Entity Name

FLINT, INC.

Election Campaign Financing Trust Fund Contribution Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Attachment

14000507

FEG/7997

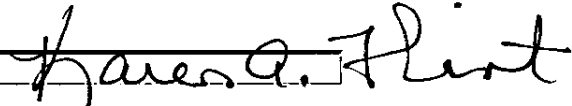
1/8/04 9:21 AM

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/
Director Signature' block below. A corporate name is not allowed
in this block.

Title
Officer/Director Signature Karen A. Flint 

Sunbiz Home Page

Public Access Help

Attachment



Division of Corporations

14000507

Annual Report

Payment Page

Document Tracking # - 900026469349

For

Corporate Annual Report # - G17997

The charge amount for your filing is \$150.00.

Payment

If you experience a problem during the payment process and do not receive your final acknowledgement from the Division of Corporations, please contact our help desk at (850) 245-6939.

When you receive your final acknowledgement, your document will be processed within 48 hours.

When your document is filed, we will mail any requested documents to the return address listed on the form.

Please select one of the payment options listed below.

Credit Card Payment

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

Sunbiz E-file account number

Password

E-mail Address

Sunbiz E-file Account Payment **Reset**

If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

Please Note

If you have used the browser 'BACK' button to get to this page, you should use the browser 'FORWARD' button to move to the next page.

Start Over

Sunbiz Home Page

Public Access Help



Attachment
Division of Corporations

14000507

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **G17997**

Tracking Number: **900026469349**

The charge for your Annual Report is
\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

Sunbiz Home Page

Public Access Help