

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # K49205

1. Entity Name
 1925 N. FLAGLER CORP.



Principal Place of Business
 C/O GEORGE C. MATTHEWS
 1925 N FLAGLER DR
 W PALM BCH, FL 33407 US

Mailing Address
 C/O GEORGE C. MATTHEWS
 1925 N FLAGLER DR
 W PALM BCH, FL 33407 US

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0085446** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MATTHEWS, GEORGE C
 1925 N FLAGLER DR
 W PALM BCH, FL 33407

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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 _____ (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 MATTHEWS, GEORGE G. 1925 N. FLAGLER DR. W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KREUSLER, JANE C. 1925 N. FLAGLER DR. W. PALM BEACH, FL
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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: Jane C Kreusler, President **1-12-04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **561-655-5276**
 Daytime Phone #