


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # K49205 1. Entity Name 1925 N. FLAGLER CORP.	
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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
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01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0085446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

DO NOT WRITE
IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! - FEE IS \$150.00 -
After May 1, 2008 Fee will be \$550.00

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

U000000782934
 01/15/08-80095-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATTHEWS, GEORGE G.
STREET ADDRESS	1925 N. FLAGLER DR.
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	D
NAME	KREUSLER, JANE C.
STREET ADDRESS	1925 N. FLAGLER DR.
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: George C. Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-08 561-835-0508
Date Daytime Phone #