


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000026810  
 1. Entity Name  
 FLAGLER PLUMBING, INC.



Principal Place of Business 170 OLD MOODY BLVD. BUNNELL, FL 32110	Mailing Address 170 OLD MOODY BLVD. BUNNELL, FL 32110
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**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1656298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MILLER, DAVID L  
 170 OLD MOODY BLVD.  
 BUNNELL, FL 32110

**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 \_\_\_\_\_ DATE 1/12/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MILLER, DAVID L 170 OLD MOODY BLVD. BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BROOKS, DANA M 1800 OLD MOODY BLVD BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLER, HEATHER D 170 OLD MOODY BLVD BUNNELL, FL 32110
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UD00000187488  
 01/24/05-80016-011 150.00

**DO NOT WRITE IN THIS SPACE**

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: David Miller - Dan Miller DATE: 1/12/05 DAYTIME PHONE #: 386-971-6305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR