

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-09-2005 90052 038 ***150.00
P03000031036

DOCUMENT # P03000031036 1. Entity Name FLAGS LENDING INC.					
Principal Place of Business 833 PINEDALE AVE. ORLANDO FL 32808			Mailing Address 833 PINEDALE AVE. ORLANDO FL 32808		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 42-1581804	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MUHAMMAD, HAMDHA 833 PINEDALE AVE. ORLANDO FL 32808			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 <u><i>Hamdha Muhammad</i></u> (NOTE: Registered Agent signature required when existing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	10. OFFICERS AND DIRECTORS ☐ Delete D MUHAMMAD, HAMDHA 833 PINEDALE AVE. ORLANDO FL 32808		TITLE NAME STREET ADDRESS CITY - ST - ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		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: <u><i>Hamdha Muhammad</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01/27/05-407-595-2422 Date Daytime Phone #		

05 JUN 28 PM 4:10
SEC. OF STATE
TALLAHASSEE, FLORIDA
66004312



1st MOORE CR2E034 (10/04)