

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S71627

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** FLORES-HAGER AND ASSOCIATES, INC.

**Current Principal Place of Business:**

450 PARQUE DR  
SUITE 2  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

450 PARQUE DR  
SUITE 2  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-3086782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAGER, A.F.  
450 PARQUE DRIVE #2  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVS  
Name: FLORES, PETER C  
Address: 403 IDLEWOOD DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: DP  
Name: HAGER, A F  
Address: 2758 PENINSULA DR.  
City-St-Zip: DAYTONA BEACH, FL 32118

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER C FLORES

DVS

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date