2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 294899

1. Entity Name
FLASHER FLARE SOUTHEAST INC

Principal Place of Business	Mailing Address
4421 NORTH CHURCH AVENUE P. O. BOX 15395 TAMPA, FL 33684 US	4421 N CHURCH AVE P.O. BOX 15395 TAMPA FLA, 33684 US

01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1098811
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GERARD,GILBERT
3804 W. ALVA STREET
4421 N CHURCH AVE
TAMPA, FL 33684

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 _____ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

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	PD
NAME	GERARD, GILBERT
STREET ADDRESS	1235 BROOKSIDE RD
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	GERARD, MARY ANITA
STREET ADDRESS	1235 BROOKSIDE RD
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	GERARD, STEPHEN
STREET ADDRESS	1235 BROOKSIDE RD
CITY-ST-ZIP	CLEARWATER, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 attached with all other like empowered.

SIGNATURE: _____ 1/3-05 8138766463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #