


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 320117**  
 1. Entity Name  
**FLAIR INC**



Principal Place of Business      Mailing Address  
**935 ALEXANDER AVE**      **PO BOX 15110**  
**PT ORANGE, FL 32129 US**      **DAYTONA BEACH, FL 32115 US**

**DO NOT WRITE IN THIS SPACE**



03142006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1174451**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**DORAN, THEODORE R.**  
**444 SEABREEZE BLVD**  
**STE 800**  
**DAYTONA BEACH, FL 32118**

**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 \_\_\_\_\_  
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

DUPLICATE PAID  
 04/08/06-80029-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, RONALD G 261 EAST MICHIGAN AVENUE LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOPPET TERENCE C 356 HEARTHSTONE TRAIL PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MCGUIRE, THOMAS P. JR 905 DUNCAN RD S DAYTONA, FL 32119
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: *Ronald G. Martin*      **Ronald G. Martin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/15/06**      Daytime Phone #: **386-767-3900**