


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

|  |   |
|--|---|
| <b>DOCUMENT # 320117</b><br>1. Entity Name<br><b>FLAIR INC</b> |  |
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|--|---|
| Principal Place of Business<br><b>935 ALEXANDER AVE<br/>PT ORANGE, FL 32129 US</b> | Mailing Address<br><b>PO BOX 15110<br/>DAYTONA BEACH, FL 32115 US</b> |
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03142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-1174451</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>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)

**000000000000**

**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

**04/08/06-80029-002 150.00**

**10. OFFICERS AND DIRECTORS**

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

**3/15/06**  
Date

**386-762-3900**  
Daytime Phone #