


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 334435
1. Entity Name
FLAIR SERVICE, 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



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1269165 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	MCGUIRE, THOMAS P. JR.
STREET ADDRESS	905 DUNCAN ROAD
CITY-ST-ZIP	S. DAYTONA, FL 32119
TITLE	V
NAME	SOPPET, TERENCE C
STREET ADDRESS	356 HEARTHSTONE TRAIL
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	ST
NAME	MARTIN, RONALD G.
STREET ADDRESS	261 EAST MICHIGAN AVE
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/12/05-80052-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Thomas P McGuire Jr* *Thomas P McGuire Jr* 3-09-05 386-767-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #