2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90065 019 ***150.00

1st MOORE CR2E034 (10/04)

DOCUMENT # 363243

1. Entity Name

FLATENCO, INC.

Principal Place of Business	Mailing Address
5870 LONG BRANCH RD TENNESSEE RIDGE TN 37178 US	5870 LONG BRANCH RD TENNESSEE RIDGE TN 37178 US

2. Principal Place of Business		3. Mailing Address	
380 CLIFF LN.		380 CLIFF LN.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TN. RIDGE, TN.		City & State: TN. RIDGE, TN.	
Zip: 37178	Country: HOUSTON	Zip: 37178	Country: HOUSTON

4. FEI Number 59-1288034 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLAYTON E WOLFE
5873 EDOWARD CT
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS WOLFE, CLIFFORD K, 5870 LONG BRANCH RD TENNESSEE RIDGE TN 37178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOLFE, CLIFFORD K, 380 CLIFF LN. TN. RIDGE, TN. 37178	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Clifford K. Wolfe CLIFFORD K. WOLFE 26 APR 05 931-721-3897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #