


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 477593
1. Entity Name
FRANK E. FLAGG CONSTRUCTION COMPANY, INC..



Principal Place of Business Mailing Address
4895 SAILFISH DRIVE **4895 SAILFISH DRIVE**
PONCE INLET, FL 32127 **PONCE INLET, FL 32127**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1596704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

FLAGG, FRANK E.
4895 SAILFISH DR
PONCE INLET, FL 32127

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAGG, FRANK 4895 SAILFISH DRIVE PONCE INLET, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLAGG, SHERRIE 4895 SAILFISH DRIVE PONCE INLET, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'NEAL JR, RAYMOND E. 2010 RED ROBIN DRIVE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GODAWA, DENEEN 1343 E DEXTER DRIVE PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/05-80016-013 150.00

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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 the press, with all other like empowered.

SIGNATURE:  *1/13/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #