2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90232 005 ***150.00

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04232004 Chg-P CR2E034 (10/03)

DOCUMENT # 481708

1. Entity Name
FLYERS, INC.

Principal Place of Business	Mailing Address
C/O JOE RUSSO 7600 CLARKE ROAD LAKE CLARKE SHORES, FL 33406	C/O JOE RUSSO 7600 CLARKE ROAD LAKE CLARKE SHORES, FL 33406

2. Principal Place of Business	3. Mailing Address
1499 SW 30th Ave.	1499 SW 30th Ave.
Suite, Apt. #, etc.: Ste 16	Suite, Apt. #, etc.: Ste 16
City & State: Boynton Beach, FL.	City & State: Boynton Beach, FL.
Zip: 33426 Country: USA	Zip: 33426 Country: USA

4. FEI Number: 59-1915907 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSO, JOSEPH
7600 CLARKE RD
LAKE CLARKE SHORES, FL 33406

7. Name and Address of New Registered Agent

Name: David E. Mackey III
Street Address (P.O. Box Number is Not Acceptable): 1499 SW 30th Ave Ste16
City: Boynton Beach FL Zip Code: 33426

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] DAVID MACKEY. 4-15-04
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, 2004 Fee will be $550.00

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	PD ROGERS, DAVID H 13136 54TH STREET NO. WEST PALM BEACH, FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SILVERMAN, RICHARD S 4484 FRANCONIA CIRCLE LAKE WORTH, FL 33427	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RUSSO, JOE 7600 CLARK ROAD LAKE CLARKE SHORES, FL 33406	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NOWLIN, JAMES W JR. 72 N.E. FIFTH AVENUE DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVID E. MACKEY III 1499 SW 30th Ave. Ste16 Boynton Beach, FL. 33426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DAVID E. MACKEY III 1499 SW 30th Ave. Ste16. Boynton Beach, FL. 33426
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: [signature] DAVID MACKEY 4-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #