


01
**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 499955 1. Entity Name FLAGSHIP PROPERTY MANAGEMENT, INC.	
--	---

Principal Place of Business 4000 ST JOHNS AVE #22 JACKSONVILLE, FL 32205	Mailing Address 4000 ST JOHNS AVE #22 JACKSONVILLE, FL 32205
--	--

DO NOT WRITE IN THIS SPACE



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1672184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAVEY, JERRY R.
4000 ST JOHNS AVE #22
JACKSONVILLE, FL 32205

**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 title if applicable.

(NOTE: Registered Agent signature required when transferring)

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

U00000092710
03/19/04-80019-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VTD WALTON, W H JR (ASST) 4000 ST JOHNS AVE 26 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD LENTZ, ANN 4000 ST JOHNS AVE #22 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD WEED, J.D., JR. 4000 ST JOHNS AVE #26 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD CRAVEY, JERRY R. 4000 ST JOHNS AVE #22 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04
Date

904-388-2225
Telephone #