

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 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



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1672184

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VTD
NAME WALTON, W H JR (ASST)
STREET ADDRESS 4000 ST JOHNS AVE 26
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VD
NAME LENTZ, ANN
STREET ADDRESS 4000 ST JOHNS AVE #22
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VSD
NAME WEED, J.D., JR.
STREET ADDRESS 4000 ST JOHNS AVE #26
CITY-ST-ZIP JACKSONVILLE, FL

TITLE PD
NAME CRAVEY, JERRY R.
STREET ADDRESS 4000 ST JOHNS AVE #22
CITY-ST-ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000558026
05/17/06-80077-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone # _____