

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 557641

1. Entity Name

CHARLES B. FLYNN & COMPANY, INC.



Principal Place of Business

4297 DAUBERT ST
ORLANDO FL 32803
US

Mailing Address

P. O. BOX 140574
ORLANDO FL 32814
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1790849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLYNN, CHARLES B.
393 SYLVAN DR
WINTER PARK FL 32789

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, 2004 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CPD
FLYNN, CHARLES B
393 SYLVAN DR
WINTER PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
FLYNN, PETER S.
1408 40TH AVE., NE
ST. PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
WASSATT, WILLIAM J
9517 SHORTLEAF COURT
APOKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
VARNER, GARY N
1427 N. DELAWARE ST
SANFORD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SMITH, NATHAN S
1620 CRESTVIEW DR
MOUNT DORA FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
000000028054
02/04/04-80012-006 150.00

TITLE
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☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES B. FLYNN 1/28/04 (407) 896-1501

Date

Daytime Phone #

FILED
Feb 02, 2004 08:00 AM
Secretary of State



MOORE

CR2E034 (11/03)