

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90103 005 \*\*\*150.00

**DOCUMENT # 557641**

1. Entity Name

CHARLES B. FLYNN & COMPANY, INC.



Principal Place of Business  
6438 UNIVERSITY BLVD  
SUITE 15  
WINTER PARK FL 32792  
US

Mailing Address  
P. O. BOX 4130  
WINTER PARK FL 32793  
US

JUVV1676



1st MOORE CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

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

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, 2006 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 CPD ☐ Delete  
NAME FLYNN, CHARLES B  
STREET ADDRESS 393 SYLVAN DR  
CITY-ST-ZIP WINTER PARK FL

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

TITLE V ☒ Delete  
NAME WELL, BOBBY JR.  
STREET ADDRESS 656 WYCKLIFFE PL  
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

GARY VARNER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

src/pwrs

4/4/06

(407) 478-0755

Date

Daytime Phone #