

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 649785**

1. Entity Name  
**FLAGLER COMPUTER SYSTEMS, INC.**



Principal Place of Business  
**1897 PALM BEACH LAKES BLVD. #125  
P. O. BOX 1386  
WEST PALM BEACH, FL 33409**

Mailing Address  
**1897 PALM BEACH LAKES BLVD. #125  
P. O. BOX 1386  
WEST PALM BEACH, FL 33409**



03222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1958322**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GAMBLIN, ROGER  
1897 PALM BEACH LAKES BLVD. #125  
WEST PALM BEACH, FL 33409**

**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 re-stating)

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**

1100000098287  
03/25/04-80024-003 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GAMBLIN, ROGER
STREET ADDRESS	1897 PALM BCH LKS BL 125
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	D
NAME	BIERCE, EDWARD T.
STREET ADDRESS	1897 PALM BCH LKS BL 125
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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

**Edward Bierce**

**03/22/2004**

Date

**561-686-7611**

Daytime Phone #