


**ANNUAL REPORT - 2005**  
**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90172 044 \*\*\*\*61.25

<b>DOCUMENT #</b> 725688	
<b>1. Entity Name</b> FLOTILLA 44, INCORPORATED	

**DO NOT WRITE IN THIS SPACE**

14003657

<b>2. Principal Place of Business</b> 355 BASIN ST. Suite, Apt. #, etc. NORTH HALIFAX HBR.		<b>3. Mailing Address</b> 40 DOLLY A. DWYER Suite, Apt. #, etc. 12 CEDAR FALLS DR.	
<b>City &amp; State</b> DAYTONA BEACH, FL.		<b>City &amp; State</b> ORMOND BEACH, FL.	
<b>Zip</b> 32114	<b>Country</b> VOLUSIA	<b>Zip</b> 32174	<b>Country</b> VOLUSIA

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 23-7346875		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name: DOLLY A. DWYER Street Address (P.O. Box Number is Not Acceptable): 12 CEDAR FALLS DR. City: ORMOND BEACH, FL Zip Code: 32174		

**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.**

DOLLY A. DWYER, Registered Agent  
 Signature: Dolly A. Dwyer and TREASURER 22 APRIL 2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> Initial or Amended UBR	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> Florida Department of State
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10. OFFICERS AND DIRECTORS		Additional Directors:	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
	C GIFFORD, GERALD J. 30 INLET HARBOR RD. CITY-ST-ZIP: PONCE INLET, FL. 32127		D Page, Marlene D. 1180 Champions Dr. Daytona Beach, Fl. 32124
	P McKIRDY, JAMES A. 2031 QUAIL HOLLOW DR. CITY-ST-ZIP: DELAND, FL. 32720		
	V VAN OSDOL, JOHN L. 1996 ROYAL ST. GEORGE CT. CITY-ST-ZIP: PORT ORANGE, FL. 32127		
	T DWYER, DOLLY A. 12 CEDAR FALLS DR. CITY-ST-ZIP: ORMOND BEACH, FL. 32174		
	S ROBINSON, NANCY F. 134 BELLEWOOD AVE. CITY-ST-ZIP: SO. DAYTONA, FL. 32119		D Renuart, Charles M. 1793 Mitchell Ct. Daytona Beach, Fl. 32128
	D BOYER, DAVID H. 3800 SO. ATLANTIC AVE. CITY-ST-ZIP: DAYTONA BEACH SHORES, FL. 32128		

**12. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report attachment with an address, with all other like empowered.** DOLLY

**SIGNATURE:** Dolly A. Dwyer **TREASURER** 22 APRIL 2005 - 677-6712

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT

*This form received too late to file by May 1. Please see data on VBP form attached 14023657*

<b>DOCUMENT # 725688</b> 1. Entity Name <b>FLOTILLA 44, INCORPORATED</b>					
Principal Place of Business <b>401 S. BEACH ST U.S.C.G. AUXILIARY BLDG. DAYTONA BEACH FL 32114 US</b>				Mailing Address <b>C/O W.J. HALL P O BOX 261 ORMOND BCH FL 32175</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HALL, W. JAMES 6 BROOKSIDE CT ORMOND BCH FL 32174</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C MCLELLAN, VIVIAN S 935 N HALIFAX AVE DAYTONA BEACH FL 32118</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROBINSON, STUART A 134 BELLEWOOD AVE SO DAYTONA BEACH FL 32119</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HALL, JAMES W 6 BROOKSIDE CT ORMOND BEACH FL 32174</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BOYER, DAVID H 3800 S ATLANTIC AVE DAYTONA BEACH FL 32118</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAGE, MARLENE D 1180 CHAMPIONS DR DAYTONA BEACH FL 32124</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COX, VITA H 935 NO HALIFAX AVE DAYTONA BEACH FL 32118</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 #