2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 725688

Entity Name: FLOTILLA 44, INCORPORATED

Current Principal Place of Business:

355 BASIN ST
NORTH HALIFAX HBR.
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

C/O DOLLY A. DWYER
12 CEDAR FALLS DR.
ORMOND BEACH, FL 32174

New Mailing Address:

355 BASIN ST
NORTH HALIFAX HBR.
DAYTONA BEACH, FL 32114 US

FEI Number: 23-7346875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DWYER, DOLLY A
12 CEDAR FALLS DR
ORMOND BCH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	COX, VITA H	
Address:	935 N. HALIFAX AVE #801	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	P	( ) Delete
Name:	ROBINSON, STUART A	
Address:	134 BELLEWOOD AVE	
City-St-Zip:	SOUTH DAYTONA, FL 32119	
Title:	V	( ) Delete
Name:	BACON, GRETCHEN J	
Address:	925 N. HALIFAX AVE #603	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	TS	( ) Delete
Name:	ROBINSON, NANCY F	
Address:	134 BELLEWOOD AVE	
City-St-Zip:	SOUTH DAYTONA, FL 32119	
Title:	D	( ) Delete
Name:	BENSON, WILLIAM J	
Address:	C/O 355 BASIN ST, N HALIFAX HBR	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	D	( ) Delete
Name:	GOETTEMAN, ALLAN R	
Address:	431 N. 10TH ST .	
City-St-Zip:	FLAGLER BEACH, FL 32136	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART A. ROBINSON P 04/29/2008

Electronic Signature of Signing Officer or Director — Date