

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90182 035 ***150.00

DOCUMENT # F03000001065

1. Entity Name
FLAGSHIP CAPITAL SERVICES CORPORATION



Principal Place of Business Mailing Address

8550 ULMERTON ROAD STE. F-200 **8550 ULMERTON ROAD STE. F-200**
LARGO, FL 33771 **LARGO, FL 33771**

60022390



2. Principal Place of Business 3. Mailing Address

18850 US Hwy 19 N **18850 US Hwy 19 N**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Bldg 5, Ste 580 **Bldg 5, Ste 580**
 City & State City & State
Clearwater, FL **Clearwater, FL**
 Zip Country Zip Country
33764 **USA** **33764** **USA**

01182006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

55-0817802 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	PDS MALONE, MICHAEL 8550 ULMERTON ROAD STE. 200-F LARGO, FL 33771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELGAR, DANIEL M JR 8550 ULMERTON ROAD STE. 200-F LARGO, FL 33771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FARRELL, CHARLES 8550 ULMERTON ROAD STE. 200-F LARGO, FL 33771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEWITT, THOMAS 8550 ULMERTON ROAD STE. 200-F LARGO, FL 33771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POORMAN, JEFFREY 8550 ULMERTON ROAD, SUITE 200-F LARGO, FL 33771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18850 US Hwy 19 N Bldg 5, Ste 580 Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18850 US Hwy 19 N Bldg 5, Ste 580 Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18850 US Hwy 19 N, Bldg 5, Ste 580 Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 18850 US Hwy 19 N, Bldg 5, Ste 580 Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: Michael F. Malone Date: 727-531-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #