2008
2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/7

FILED
Mar 25, 2008 8:00 am
Secretary of State
03-07-2008 90043 007 ***150.00

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1. Entity Name
FLAYCO PRODUCTS, INC.

Principal Place of Business	Mailing Address
4821 N. HALE AVE. TAMPA, FL 33614 US	C/O JORGE ASTORQUIZA 4519 N. ST. VINCENT STREET TAMPA, FL 33614

66004555

01112007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2153052
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASTORQUIZA (JORGE)
4519 N. ST. VINCENT STREET
TAMPA, FL 33814

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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 submitting)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ASTORQUIZA, JORGE
STREET ADDRESS	4519 N ST.VINCENT ST.
CITY-ST-ZIP	TAMPA, FL 00000.
TITLE	T
NAME	ASTORQUIZA (MARIA T.)
STREET ADDRESS	4519 N. ST. VINCENT ST.
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Maria T. Astorquiza 3/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #