


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000002047**

1. Entity Name  
**FLAIR PPC CORP.**



Principal Place of Business  
**4647 SW 40TH AVENUE  
 SUITE 600  
 Ocala FL 34474  
 US**

Mailing Address  
**13515 BALLANTYNE CORPORATE PL  
 CHARLOTTE NC 28277  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-3145708**

Applied For  
 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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOHERTY, J	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PL	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'LEARY, PATRICK J	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PL	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KEARNEY, CHRISTOPHER J	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PL	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WINOWIECKI, RON	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PL	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GIZA, RONALD	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PL	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000079325  
 03/08/04-80062-005 150.00

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 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:** *Ronald Giza* **RONALD GIZA** **1-30-04 231-724-5774**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #