

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91286 028 ***150.00

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1. Entity Name
FLA. HOLDINGS, INC.



Principal Place of Business
**2881 CORPORATE WAY
MIRAMAR, FL 33025 US**

Mailing Address
**P.O. BOX 277810
MIRAMAR, FL 33027-7810 US**

14009273



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004 Chg-P CR2E034 (10/03)

4. FEI Number
73-1430294

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS
NAME GEORGE BLEWS ☐ Delete
STREET ADDRESS 2881 CORPORATE WAY
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME E.G. SLAUTTERBACK ☐ Delete
STREET ADDRESS 2881 CORPORATE WAY
CITY-ST-ZIP MIRAMAR, FL 330277810

TITLE PD ☒ Change ☐ Addition
NAME E.G. SLAUTTERBACK
STREET ADDRESS 2881 CORPORATE WAY
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE D
NAME THIES, MARK ☐ Delete
STREET ADDRESS 21 LOCUST AVENUE, SUITE 1C
CITY-ST-ZIP NEW CANAAN, CT 06840

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MIX, EARL B ☐ Delete
STREET ADDRESS 21 LOCUST AVENUE, SUITE 1C
CITY-ST-ZIP NEW CANAAN, CT 06840

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

George A. Blews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE A. BLEWS

Date

4/22/04 (954) 704-4484
Daytime Phone #