

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G19686

1. Entity Name  
FESTIVE FLAGS, INC.



**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
10601-208 SAN JOSE BLVD  
JACKSONVILLE, FL 32223 US

Mailing Address  
C/O GEORGE W. ROBBINS, III  
12550 MANDARIN ROAD  
JACKSONVILLE, FL 32223



04032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>59-2243851                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

**6. Name and Address of Current Registered Agent**

ROBBINS, ELIZABETH L.  
12550 MANDARIN ROAD  
JACKSONVILLE, FL 32223

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000944950  
05/29/08-80120-014 150.00

**10. OFFICERS AND DIRECTORS**

|                |                         |
|----------------|-------------------------|
| TITLE          | VSD                     |
| NAME           | ROBBINS, GEORGE W., III |
| STREET ADDRESS | 12550 MANDARIN ROAD     |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32223  |

|                |                        |
|----------------|------------------------|
| TITLE          | PD                     |
| NAME           | ROBBINS, ELIZABETH L.  |
| STREET ADDRESS | 12550 MANDARIN ROAD    |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32223 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| STREET ADDRESS |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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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:** Elizabeth L. Robbins Eleg. L. Robbins 4/28/08 904-260-6319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #