

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90031 034 \*\*\*550.00

**DOCUMENT # H95909**

1. Entity Name  
**FLAGSHIP DEVELOPMENT OF COLLIER COUNTY, INC.**



Principal Place of Business  
901 N COLLIER BLVD  
MARCO ISLAND, FL 34145 US

Mailing Address  
901 N COLLIER BLVD  
MARCO ISLAND, FL 34145 US

**54061917**



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2744966**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

TUCKER, E. GLENN  
950 N. COLLIER BLVD.  
#204  
MARCO ISLAND, FL 34145

**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, 2004 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 NEEDLES, MARVIN R.  
STREET ADDRESS 901 N. COLLIER BLVD.  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ST  
NAME NEEDLES, EMILIE JAYNE  
STREET ADDRESS 901 N COLLIER BLVD  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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: Jayne Needles **JAYNE NEEDLES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04  
Date

239-394-7515  
Daytime Phone #