


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H95909</b>	
1. Entity Name <b>FLAGSHIP DEVELOPMENT OF COLLIER COUNTY, INC.</b>	
	
Principal Place of Business <b>901 N COLLIER BLVD MARCO ISLAND, FL 34145 US</b>	Mailing Address <b>901 N COLLIER BLVD MARCO ISLAND, FL 34145 US</b>



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2744966</b>	Applied For Not Applicable
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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 *E. Glenn Tucker*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1-12-05

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEEDLES, MARVIN R. 901 N. COLLIER BLVD. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEEDLES, EMILIE JAYNE 901 N COLLIER BLVD MARCO ISLAND, FL 34145
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1100000185773  
01/21/05-80029-005 150.00

**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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/19/05

Daytime Phone #