


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # K75013 1. Entity Name FANCY FLAMINGO, INC. #1		
Principal Place of Business 870 HWY 98 STE E-31 DESTIN, FL 32541 US	Mailing Address 870 HWY STE E-31 DESTIN, FL 32541 US	



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3052264	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

HUDSON, CAROLYN
870 HWY 98
STE E-31
DESTIN, FL 32541

**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 _____ 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

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	PD HUDSON, PAIGE 979 HWY 98 E #3 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STE HUDSON, CAROLYN 979 HWY 98 E #3 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/18/04-80033-016 150.00

**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)(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: Paige D. Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-12-04 Daytime Phone # _____