

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K91141

Entity Name: FLAGS UNLIMITED, INC.

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

10236 FISHER AVENUE
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 392
BRANDON, FL 335090392 US

New Mailing Address:

FEI Number: 59-2979505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, JOHN P
10236 FISHER AVENUE
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LYNCH, JOHN P.,
Address: 10236 FISHER AVENUE
City-St-Zip: TAMPA, FL

Title: P () Delete
Name: LYNCH, SHARON L.,
Address: 10236 FISHER AVENUE
City-St-Zip: TAMPA, FL

Title: S () Delete
Name: LYNCH, KEVIN
Address: 10236 FISHER AVE
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LYNCH

VP

04/11/2007

Electronic Signature of Signing Officer or Director

Date