2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L57993

1. Entity Name
FLICKINGER PROPERTIES, INC.

Principal Place of Business	Mailing Address
181 KETTLE HABOR	PO BOX 626
PLACIDA, FL 33946 US	PLACIDA, FL 33946 US

DO NOT WRITE IN THIS SPACE

02072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2998472	Not Applicable

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

6. Name and Address of Current Registered Agent

BATSEL, C. GUY
1861 MACIDA ROAD #104
ENGLEWOOD, FL 34223

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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, 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	P
NAME	FLICKINGER, MARTIN M.
STREET ADDRESS	12000 PLACIDA ROAD
CITY-ST-ZIP	PLACIDA, FL 33946

02/17/05-80037-001   150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #