

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90012 037 ****61.25

DOCUMENT # N05000012002 1. Entity Name FLAG WORKS, INC.					
Principal Place of Business 3230 YORKTOWN DRIVE TALLAHASSEE, FL 32312			Mailing Address 3230 YORKTOWN DRIVE TALLAHASSEE, FL 32312		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03192007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-3881141				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FONG, W. GEORGE 3230 YORKTOWN DRIVE TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PARKER, GAIL	NAME	Susan Eigen		
STREET ADDRESS	2924 WHIRLAWAY TRAIL	STREET ADDRESS	610 Prince Avenue		
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP	Tipton, GA 31793		
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BECKETT, MARY P	NAME	Danny LeCompte		
STREET ADDRESS	1916 RHONDA DRIVEVE	STREET ADDRESS	709 Highland Road		
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	Auburn, AL 36830		
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WARREN, J.D.	NAME	Frank Schenck		
STREET ADDRESS	2806 TIPPERARY DRIVE	STREET ADDRESS	3540 Duncan Bridge Drive		
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP	Buxford, GA 30509		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHULZ, DANNY	NAME			
STREET ADDRESS	575 21 ST NW	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: W. George Fong, W. George Fong, Meeting Coordinator, March 19, 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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850-385-9810