2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N31098

1. Entity Name
THE FLYING FOUR, INC.

Principal Place of Business	Mailing Address
111-11TH AVE N SAINT PETERSBURG, FL 33701	111-11TH AVE N SAINT PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE

01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2985101
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASHEFF, MICHAEL
111-11TH AVE N
SAINT PETERSBURG, FL 33701

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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)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MASHEFF, MICHAEL
STREET ADDRESS	111-11TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	VD
NAME	MASHEFF, ELEANOR
STREET ADDRESS	15761 RIVERSIDE DR
CITY-ST-ZIP	LIVONIA, MI 48154
TITLE	SD
NAME	MASHEFF, DOUGLAS
STREET ADDRESS	12080 SAN JOSE
CITY-ST-ZIP	REDFORD, MI 48239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80034-012 61.25

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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 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: By MICHAEL S. MASHEFF 9JAN4 7278952481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #