

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31098

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE FLYING FOUR, INC.

Current Principal Place of Business:

111-11TH AVE N
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

111-11TH AVE N
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-2985101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASHEFF, MICHAEL
Address: 111-11TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VD () Delete
Name: MASHEFF, ELEANOR
Address: 15761 RIVERSIDE DR
City-St-Zip: LIVONIA, MI 48154

Title: SD () Delete
Name: MASHEFF, DOUGLAS
Address: 12080 SAN JOSE
City-St-Zip: REDFORD, MI 48239

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. MASHEFF

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date