2005 AR ANNUAL REPORT (AR)

ANNUAL REPORT (AR)									
DOCUMENT # N9900000228  1. Entity Name					FILED				
NAMI VOLUSIA / FLAGLER, INC.					•				
Principal Plac	ce of Business	Mailing Address		<u> </u>	05 JAN 2				
WILLIS AVENUE- BLDG 9   DAYTONA BEACH FL 32114		7 CAYUSE CT PALM COAST FL 32137	,		SECRETA TALLAHAS	RY OF S	TATE		
DATIONA	BEACHT E 32114	PALM COAST FE 32137					UKIUA		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE	CR2E	037 (4/04)	MRD	
City & State		City & State			4. FEI Number 59-36470	D7	<del> </del>	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	1	\$8.75 Add	fitional	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New	Registered	Agent		
			Name	Name					
MURPHY, LINDA R 7 CAYUSE CT			Street	Street Address (P.O. Box Number is Not Acceptable)					
PALM COAST FL 32137									
			City				Zip Code	P	
9. The about	a named antity submits this statement f	the course of the coins its				Fi	-   `		
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 agen	and title if applicable (NOTE)	Registered Agent sign	Thurs some and	whee scientifical	DATE			
841 N 18	Signature, typica or principle test or logisticized again	and the trapparents: (1401)	negisteren Agent sign	arora ractor co	wien rensamy)	DATE	10 april 1-20 (	SALTANIA LA	
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co					k Payable		
	Due By September 8, 2004	Alosi volid Co	intribution.	_	Added to Fees Flo	rida Depa	rtment of S	state	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS IN	10	
TITLE NAME	P/D MURPHY, LINDA	☐ Delete	TITLE	P/D			☐ Change	Addition	
STREET ADDRESS	7 CAY USE CT.		NAME STREET ADDRESS						
CITY+ST-ZIP	PALM COAST FL 32137		CITY-ST-ZIP				Sar	ne	
TITLE V	P/D MURPHY, LINDA	Delete	TITLE	VP/			☐ Change	Addition	
NAME STREET ADDRESS	7 CAYOSE CT		NAME STREET ADDRESS	Mil	ler, Barbara				
CITY-ST-ZIP	PALM COAST FL 32137		CITY-ST-ZIP	Day	Flagstone D tona Beach F	γ. 3 32/	18		
TITLE	1/0	☐ Delete	TITLE	T/b	10/10/02/01	<i>P</i> 1. Opt. 1	☐ Change	Addition	
NAME STREET ADDRESS	ACIERNO, MIKE 8 DRIFTWAY-TERR	The same of the sa	NAME STREET ADDRESS	'					
CITY-ST-ZIP			GIRCEI ADDRESS	1 "			SAM	E	
TITLE	FLAGLER BEACH FL 32136		CITY-ST-ZIP						
	s/D	Delete	CITY-ST-ZIP TITLE	S/PT (	polvi. T nae bur		☐ Change	Addition	
NAME CENTER ADDRESS	S/D SHIELDS, LARK	<b>₽</b> Delete	TITLE NAME	SPI	polyi, Ingebur	9		Addition	
NAME STREET ADDRESS CITY-ST-ZIP	s/D	<b>□</b> Cetete	TITLE NAME STREET ADDRESS	6	Montauck C	Γ.	☐ Change	_	
STREET ADDRESS	S / D SHIELDS, LARK 20 SEA HARBOR DR W ORMOND BEACH FL 32176 BOD	· · · · · · · · · · · · · · · · · · ·	TITLE NAME	6 Pa	Montauck Co InCoast, Fl. 3	r: <u>32124</u>	□ Change	7]	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	S / D SHIELDS, LARK 20 SEA HARBOR DR W ORMOND BEACH FL 32176 BOD SCHREFFER, MIM	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	6 Pa	Montauck Co InCoast, Fl. 3	r: <u>32124</u>	□ Change	7]	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S / D SHIELDS, LARK 20 SEA HARBOR DR W ORMOND BEACH FL 32176 BOD	· · · · · · · · · · · · · · · · · · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	6 Pa	InCoast, Fl. 3 Schaefer 108 Pelica	f: <u>82124</u> Mim n Di	□ Change  1 — 4 ≥ 7  □ Enange  L n es 1	7] □ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S / D SHIELDS, LARK 20 SEA HARBOR DR W ORMOND BEACH FL 32176 BOD SCHREFFER, MIM 1587-OCEAN-SHORE-BLVD,	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	Pa D	InCoast, Fl. 3 Schaefer 108 Pelica	f: <u>82124</u> Mim n Di	Change  -427  Defiange  Lnes I  Sea F	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S / D SHIELDS, LARK 20 SEA HARBOR DR W ORMOND BEACH FL 32176 BOD SCHREFFER, MIM 1587-OCEAN SHORE BLVD, ORMOND BEACH FL 32176. BOD SINGLETARY, WILLIAM	· · · · · · · · · · · · · · · · · · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	6 Pa	Montauck Co InCoast, Fl. 3 Schaefer 108 Pelica Ormond B	7: Mim n Di y the	Change  Change  Lnes I  Sea F  Change	7] □ Addition	
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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: SIGNATURE: CINDA MURRHY 1-4-2005 503-7219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPPICET OR DIRECTOR

CINDA MURRHY 1-4-2005 503-7219

Date Daylore Phone \*