2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2008 8:00 am Secretary of State

DOCUMENT # P0000031009 1. Entity Name FLAG DEVELOPMENT CORPORATION					05-14-2008 90014 007 ***150.00					
Principal Place of Business Mailing Address			·		1 .					
1116 HWY 1	7 NORTH	PO BOX 14	**			•				
BOSTWICK, F	l. 32007	BOSTWICK, FL 32007								
					11881881	LETIN BONI GUNI GONI BONI BUNI		I 80M 91M 19	(11) (1) (1) (1)	
Principal Place of Business - No P.O. Box # 3. Mailing Address					-					
				11841184141						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04182008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Numbe 59-3636				plied For t Applicable	
Zip Country		Zip	Country					8.75 Add	` '	
	332.47	,r		-,	5. Certificate of	of Status Desired		ee Required	i i i i i i i i i i i i i i i i i i i	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Ro	egistered A	gent		
AMILL LANGE	IOLINE NA			John F Sproull						
WILLIAMS	, JOHN M ' 17 NORTH									
	K, FL 32007			Street Address (P.O. Box Numbor is Not Acceptable) 3 14 St Johns Avenue						
				City	Palatka		FL	Zip Code	0177	
8. The above	named entity submits this statement for	r the ourpose of changing its	registere	d office or registe	ered agent, or both	n, in the State of Fig		mitiar with.	Z I / / and accent	
	ons of registered agent					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SIGNATURE	Som reliver	John M. W	/illiam	is Preside	nt	21 April 2	800			
SIGNALOUE	Signature, typed or printed name of registered agent	and use 4 applicable. (NOT	: Registere	d Agent signasure require	id when reinsteing)		DATE			
::/ <u>//</u> -										
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campai Trust Fund Contr			i.00 May Be ded to Fees			•		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE	D	Delete	m	I				☐ Change	☐ Addition	
NAME	WILLIAMS, JOHN M									
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TIFLE	D	X Delete	FITLE					Change	Addition	
NAME	BARROW, HOMER	ZO DEREE	NAM					☐ Oldings		
STREET ADDRESS	RT 2 BOX 488B		STRE	ET ADORESS						
CITY-SI-ZIP	BUTLER, GA 31006		CITY	-ST-ZIP						
TITLE		☐ Delete	រាក្រ	Ε				Change	Addition	
NAME STREET LOGDEDS			NAM	1						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZiP						
TITLE		□ Delete	nn.e					☐ Change	☐ Addition	
NAME		☐ October	NAM	1				Olalige		
STREET ADDRESS			STRE	ET ADORESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
LILTE .	,	☐ Delete	nnu					☐ Change	Addition	
NAME			NAM	-					. <u></u>	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				~		
TITLE"	- · · · · · · · · · · · · · · · · · · ·		-					☐ Change	Addition	
NAME		☐ Delete	ПЛП Мал					T cuantic	- Mennin	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
12. I bereby o	certify that the information supplied with	this filing does not qualify for	r the ex	emotions containe	ed in Chanter 119	Florida Statutes, I	further certi	fy that the in	formation	

12. I hereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 119, included a call, that I am an officer or director 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.

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ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 April 2008

386-325-0638

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