

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000039852

1. Entity Name
FLAGLER BY THE SEA, INC.



Principal Place of Business

**2981-82 NORTH OCEAN SHORE BLVD. (AIA)
FLAGLER BEACH, FL 32136 US**

Mailing Address

**2981-82 NORTH OCEAN SHORE BLVD. (AIA)
FLAGLER BEACH, FL 32136 US**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3675300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARNES, ROBERT M II
2982 NORTH OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136**

**DO NOT WRITE
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRAMP, MARK W
STREET ADDRESS	820 PRUDENTIAL DR # 606
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	V
NAME	BARNES II, ROBERT M
STREET ADDRESS	1843 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	ST
NAME	KRAMP, EMIL W
STREET ADDRESS	2982 NORTH OCEANSHORE BLVD
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/13/06-80052-023 158.75

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK W. KRAMP 27 JAN 2006 904-398-3356

Date

Daytime Phone #