

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90399 042 ***150.00

DOCUMENT # P00000052597

1. Entity Name
FLAG DEVCO, INC.



Principal Place of Business
**4000-B ST. JOHNS AVENUE #22
JACKSONVILLE, FL 32205**

Mailing Address
**4000-B ST. JOHNS AVENUE #22
JACKSONVILLE, FL 32205**

50039009



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3656939

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALTON, WILLIAM H JR.
4000-B ST. JOHNS AVENUE #22
JACKSONVILLE, FL 32205**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CRAVEY, JERRY R
STREET ADDRESS 4000-B ST. JOHNS AVENUE #22
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE VPD
NAME WEED, JOSEPH D JR.
STREET ADDRESS 4000-B ST. JOHNS AVENUE #22
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE VPD
NAME WALTON, WILLIAM H JR.
STREET ADDRESS 4000-B ST. JOHNS AVENUE #22
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE D
NAME WEED, JOSEPH D III
STREET ADDRESS 4000-B ST. JOHNS AVENUE #22
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE D
NAME WALTON, ALONZO D
STREET ADDRESS 4000-B ST. JOHNS AVENUE #22
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE D
NAME LENTZ, ANN
STREET ADDRESS 4000-B ST. JOHNS AVENUE #22
CITY-ST-ZIP JACKSONVILLE, FL 32205

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IN THIS SPACE**

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 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: *ed. H. Walton Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05
Date

904.388.8885
Daytime Phone #