



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90190 027 \*\*\*158.75

<b>DOCUMENT # P00000071532</b> 1. Entity Name <b>FLEMISTER ENTERPRISE INC.</b>					
Principal Place of Business <b>1704 W CHERRY ST TAMPA, FL 33607</b>			Mailing Address <b>2403 W. CYPRESS STREET TAMPA, FL 33609</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>2403 W. Cypress St</b> City & State <b>TAMPA, FL</b> Zip <b>33609</b>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip  Country <b>United States</b>			
4. FEI Number <b>62-1848678</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07062004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>FLEMISTER, OZIE 2403 W. CYPRESS STREET TAMPA, FL 33609</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Ozie Flemister</i></u> <span style="float: right;">7-6-04</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC FLEMISTER, OZIE 2403 W. CYPRESS STREET TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTM FLEMISTER, CHANTY 2403 W CYPRESS STREET TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLEMISTER, MELISSA 2403 W CYPRESS STREET TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Chanty Flemister</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-6-04 813-876-8244 <small>Date Daytime Phone #</small>		