


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90009 025 \*\*\*150.00

<b>DOCUMENT # P01000053238</b>	
1. Entity Name <b>FLYING DRAGON, INC.</b>	

Principal Place of Business <b>3434 3443 HANCOCK BRIDGE PARKWAY SUITE 501 208 NORTH FORT MYERS, FL 33903</b>	Mailing Address <b>3434 3443 HANCOCK BRIDGE PARKWAY SUITE 501 208 NORTH FORT MYERS, FL 33903</b>
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01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1109157</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**3434**  
**WALTEMYER, ROGER L**  
**3443 HANCOCK BRIDGE PARKWAY**  
**SUITE 501 208**  
**NORTH FORT MYERS, FL 33903**

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>3434</b>	D
NAME <b>WALTEMYER, ROGER L</b>	
STREET ADDRESS <b>3443 HANCOCK BRIDGE PARKWAY #208</b>	
CITY-ST-ZIP <b>NORTH FORT MYERS, FL 33903</b>	
TITLE <b>748</b>	P
NAME <b>WALTEMYER, BRUCE</b>	
STREET ADDRESS <b>243 CORAL DR</b>	
CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*Bruce Clamish Walton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/04** **239-549-8398**  
Date Daytime Phone #