## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 15, 2005 8:00 am Secretary of State

| 1. Entity Na   | JMENT # P01000113 me FLEX SERVICES, INC.   | 3394  |  |  |               |  | 04-15-2005           | •   | 02 ***1                             | 50.00  |
|--|--|---|--|--|---------------|--|----------------------|---|-------------------------------------|--|
| Dringing Dia   | ace of Business  | Mailing Addison   |  |  |               |  | 1000                 | 1 11 11 11                                    |                                     |  |
| PO BOX 48:<br>SARASOTA.  | 953  | Mailing Address PO BOX 48953 SARASOTA, FL 3423                    | 30   |  |               |  |                      |   | •                                   | `  |
| 5 Di   | Di   | 1 - 1 - 1   |  |  |               |  |                      |   |                                     |  |
| 2. Principal   | Place of Business  Market Street   | 3. Mailing Address  |  | ı  |               |  |                      |   |                                     |  |
| Suite, Apt   | 1 00 100 1 77/65/  | 8374 M-/w<br>Suite, Apt. #, etc.                                  | -t str   | 664  |               |  |                      |   |                                     |  |
| 132  | ,  | 132   |  |  | 1             | 04012005                               | Chg-P                | CR2E(   | 34 (10/03                           | 3)   |
| City & Sta   | ate  | City & State  |  |  |               | 4. FEI Numbe                           | er                   |   |                                     | Applied For                                  |
|  | wood Ranch FL  | Lakewood R  | anch   | FL   |               | 59-375                                 | 7922                 |   |                                     | Not Applicable                               |
| Zip  | Country  | Zip   | Cour   | itry   |               | 5. Certificate                         | of Status Desired    | П   | \$8.75 A                            |  |
| 342  | 6. Name and Address of Current   | 234202  |  |  | [             |  | <b>.</b>             | <u>~ .                                   </u> | Fee Requi                           | ired   |
|  | o. Name and Address of Current   | Registered Agent  |  | Name   |               | 7. Name and                            | Address of New I     | Hegistered                                    | Agent                               |  |
| FLYNN, J   | OHN W  |   |  |  |               |  |                      |   |                                     |  |
| 623 BACK   | KNINE DR.  |   |  | Street Address (P.O. Box Number is Not Acceptal  |               |  |                      | ie)   |                                     |  |
| VENICE, I  | FL 34292   |   |  | <b></b>  |               |  |                      | *****   |                                     |  |
|  |  |   |  |  |               |  |                      |   |                                     |  |
|  |  |   |  | City   |               |  |                      | FL  | Zip Co                              | ode  |
| 8. The above   | e named entity submits this statement for  | r the purpose of changing i                                       | its register   | ed office or re  | egistere      | d agent, or bot                        | h, in the State of F | orida. I am                                   | familiar wit                        | h; and accept                                |
| the obliga   | ations of registered agent.  |   |  |  | -             | -                                      |                      |   |                                     |  |
|  |  |   |  |  |               |  |                      |   |                                     |  |
| SIGNATI IRE  | •  |   |  |  |               |  |                      |   | •                                   |  |
| SIGNATURE.   | Signature, typed or printed name of registered agent a   | and title if applicable. (NC                                      | OTE: Registere   | d Agent signature r  | required v    | when minstating)                       |                      | DATE  |                                     |  |
| FiL  |  | 9. Election Camp  | aign Finar   |  | \$5.0         | when reinstating)  OO May Be d to Fees |                      | OATE  | •                                   |  |
| FiL  | Signature, typed or printed name of registered agent a   | 9. Election Camp<br>Trust Fund Co                                 | aign Finar   | ncing  | \$5.0         | 00 May Be<br>d to Fees                 | CHANGES TO OFF       |   | DIRECTO                             | RS IN 11                                     |
| FIL<br>After M   | Signature, typed or printed name of registered agent a  E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0  OFFICERS AND                      | 9. Election Camp<br>Trust Fund Co                                 | paign Finar<br>ntribution.   | ncing  | \$5.0         | 00 May Be<br>d to Fees                 | CHANGES TO OF        |   | DIRECTO                             |  |
| After M  10. Title NAME  | Signature, typed or printed name of registered agent a  E NOW!!! FEE IS \$150.00  ay 1, 2005 Fee will be \$550.0  OFFICERS AND I  D  FLYNN, JOHN W | 9. Election Camp Trust Fund Co                                    | paign Finar<br>ntribution.<br>11.<br>TITLE   | ncing  | \$5.0         | 00 May Be<br>d to Fees                 | CHANGES TO OFF       |   |                                     |  |
| After M  10. TITLE NAME STREET ADDRESS   | E NOW!!! FEE IS \$150.00  AND IN THE IS \$150.00  OFFICERS AND ID  FLYNN, JOHN W  PO BOX 48953   | 9. Election Camp Trust Fund Co                                    | paign Finar<br>ntribution.<br>11.<br>TITLE<br>NAMI   | E E EET ADDRESS  | \$5.0         | 00 May Be<br>d to Fees                 | CHANGES TO OF        |   |                                     |  |
| After M  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registered agent a  E NOW!!! FEE IS \$150.00  ay 1, 2005 Fee will be \$550.0  OFFICERS AND I  D  FLYNN, JOHN W | 9. Election Camp<br>Trust Fund Co<br>DIRECTORS                    | paign Finar<br>ntribution.<br>11.<br>TITLE<br>NAMI<br>STRE<br>CITY   | E E E E E E E E E E E E E E E E E E E  | \$5.0<br>Adde | 00 May Be<br>d to Fees                 | CHANGES TO OF        |   | ☐ Change                            | e 🗀 Addition                                 |
| After M  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | E NOW!!! FEE IS \$150.00  AND IN THE IS \$150.00  OFFICERS AND ID  FLYNN, JOHN W  PO BOX 48953   | 9. Election Camp Trust Fund Co                                    | paign Finar<br>ntribution.<br>11.<br>TITLE<br>NAMI<br>STRE<br>CITY-  | E E EET ADDRESS -ST-ZIP  | \$5.0<br>Adde | OO May Be<br>d to Fees<br>ADDITIONS/   |                      |   |                                     | Addition                                     |
| After M  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | E NOW!!! FEE IS \$150.00  AND IN THE IS \$150.00  OFFICERS AND ID  FLYNN, JOHN W  PO BOX 48953   | 9. Election Camp<br>Trust Fund Co<br>DIRECTORS                    | Deign Finar<br>ntribution.  11. TITLE NAMI STRE CITY TITLE NAME  | E E E E E E E E E E E E E E E E E E E  | \$5.0<br>Adde | OO May Be d to Fees  ADDITIONS/        |                      | FICERS AND                                    | ☐ Change                            | Addition                                     |
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| After M  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | E NOW!!! FEE IS \$150.00  AND IN THE IS \$150.00  OFFICERS AND ID  FLYNN, JOHN W  PO BOX 48953   | 9. Election Camp Trust Fund Co  DIRECTORS  Delete                 | paign Finar<br>ntribution.  11. TITLE NAMI STRE CITY TITLE NAMI STRE CITY  | E E E ET ADDRESS -ST-ZIP FI ADDRESS -ST-ZIP L P FI ADDRESS -ST-ZIP L   | \$5.(<br>Adde | DO May Be d to Fees  ADDITIONS/        |                      | FICERS AND                                    | ☐ Change                            | Addition                                     |
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| TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | E NOW!!! FEE IS \$150.00  AND IN THE IS \$150.00  OFFICERS AND ID  FLYNN, JOHN W  PO BOX 48953   | 9. Election Camp Trust Fund Co  DIRECTORS  Delete  Delete         | Paign Finar III. III. III. III. III. III. III. II  | E E E ET ADDRESS -ST-ZIP E ET ADDRESS ST-ZIP   | \$5.(<br>Adde | DO May Be d to Fees  ADDITIONS/        | is<br>Street, #1     | FICERS AND                                    | ☐ Change                            | Addition  Addition                           |
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12. I hereby certify that the infarnation supplied with this hing do indicated on this report or supplemental reports frue and about the corporation or the rederver or trustee empowered to etc. changed, or on an attrooment with an address, with all others. beanot quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director spour this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

- CITY-ST-ZIP

SIGNATURE URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP