
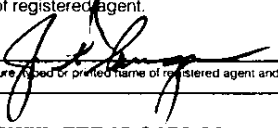
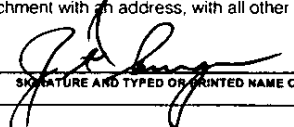


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90178 027 ***150.00

DOCUMENT # P02000045992					
1. Entity Name JAMES W FLANAGAN P.A.					
Principal Place of Business 823 N OLIVE AVE WEST PALM BEACH, FL 33401			Mailing Address 823 N OLIVE AVE WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box # 13430 NORTHUMBERLAND CIR		3. Mailing Address P.O. Box 212276			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WELLINGTON, FLA		City & State ROYAL PALM BEACH, FLA		4. FEI Number 74-3040147	
Zip 33414		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLANAGAN, JAMES W 823 N OLIVE AVE WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name JAMES W FLANAGAN Street Address (P.O. Box Number is Not Acceptable) 13430 NORTHUMBERLAND CIR City WELLINGTON FL Zip Code 33414			
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  DATE 4/2/07					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLANAGAN, JAMES W 823 N OLIVE AVE WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLANAGAN, JAMES W 13430 NORTHUMBERLAND CIR WELLINGTON, FLA 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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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 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: 			Date 4-2-07 Daytime Phone # 561 845 7272		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					