


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90048 036 ***150.00

DOCUMENT # P02000061933 1. Entity Name FLAGLER SOUTH BUSINESS CENTER, INC.																																																																																																																																			
Principal Place of Business 317 C.R. 330 BUNNELL, FL 32110				Mailing Address 317 C.R. 330 BUNNELL, FL 32110																																																																																																																															
2. Principal Place of Business - No P.O. Box # 321 BEYNON LANE		3. Mailing Address Suite, Apt. #, etc. 																																																																																																																																	
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City & State BUNNELL FL		City & State 		4. FEI Number 04-3693403																																																																																																																															
Zip 32110		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent JACKSON, WALTER S 317 CR 330 BUNNELL, FL 32110				7. Name and Address of New Registered Agent Name DAVIES, ANNA Street Address (P.O. Box Number is Not Acceptable) 317 BEYNON LANE City BUNNELL FL Zip Code 32110																																																																																																																															
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>Anna Davies</i></u> Anna Davies 1/12/07 <small>Signature typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required after termination) DATE</small>																																																																																																																																			
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																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DAVIES, ANNA</td> <td></td> <td>NAME</td> <td>DAVIES, ANNA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>317 CR 330</td> <td></td> <td>STREET ADDRESS</td> <td>317 BEYNON LANE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BUNNELL, FL 32110</td> <td></td> <td>CITY - ST - ZIP</td> <td>BUNNELL FL 32110</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>ST</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JACKSON, WALTER S</td> <td></td> <td>NAME</td> <td>JACKSON, WALTER S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>317 CR 330</td> <td></td> <td>STREET ADDRESS</td> <td>780 COOPER HOLLOW RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BUNNELL, FL 32110</td> <td></td> <td>CITY - ST - ZIP</td> <td>TELICO PLAINS TN 37385</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DAVIES, ANNA		NAME	DAVIES, ANNA		STREET ADDRESS	317 CR 330		STREET ADDRESS	317 BEYNON LANE		CITY - ST - ZIP	BUNNELL, FL 32110		CITY - ST - ZIP	BUNNELL FL 32110		TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	JACKSON, WALTER S		NAME	JACKSON, WALTER S		STREET ADDRESS	317 CR 330		STREET ADDRESS	780 COOPER HOLLOW RD		CITY - ST - ZIP	BUNNELL, FL 32110		CITY - ST - ZIP	TELICO PLAINS TN 37385		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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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: <u><i>Anna Davies</i></u> Anna Davies <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>1/16/07</u> 386 437 4487 <small>Date Daytime Phone #</small>																																																																																																																															