2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # P02000113924 1. Entity Name FLANAGAN MARKETING, INC. Principal Place of Business Mailing Address 369 SOUTH LAKE DRIVE 369 SOUTH LAKE DRIVE PALM BEACH FL 33480 PALM BEACH FL 33480 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 01-0755043 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLANAGAN, JOSEPH P 369 SOUTH LAKE DRIVE Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 City Zip Cade 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition DPST 111-16 Delete MILE FLANAGAN, JOSEPH Un0000306449 NAME 04/15/05-80011-018 150.00 369 SOUTH LAKE DRIVE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP PALM BEACH FL 33480 LITY-ST-ZIP Change ☐ Addition ☐ Delete THILE title NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY ST-209 Change Addition □ Dalete TITLE THE NAME STREET ADDRESS CTREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CLIY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST- ZiP ☐ Change Addition ☐ Delete TITLE HIEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZIP

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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

SIGNATURE:

SIGNATURE No TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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