


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90716 036 ***150.00

DOCUMENT # P02000135573	
1. Entity Name FLAXMAN FINANCIAL SERVICES INC.	

Principal Place of Business P.O. BOX 740161 BOYNTON BEACH, FL 33474-0162	Mailing Address P.O. BOX 740161 BOYNTON BEACH, FL 33474-0162
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2. Principal Place of Business 709 SW ST CROIX COVE SUITE, APT. #, ETC. PORT ST LUCIE, FL 34986	3. Mailing Address 709 SW ST CROIX COVE SUITE, APT. #, ETC. PORT ST LUCIE FL 34986
City & State 34986	City & State 34986
Zip 34986	Country

	
01072004	Chg-P CR2E034 (10/03)
4. FEI Number 57-1142672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLAXMAN, CANDACE 6664 CONCH CT. BOYNTON BEACH, FL 33474	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 709 SW ST CROIX COVE City PORT ST LUCIE FL Zip Code 34986	
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D FLAXMAN, CANDACE P.O. BOX 740161 BOYNTON BEACH, FL 33474-0162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 709 SW ST CROIX COVE PORT ST LUCIE FL 34986
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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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: Candace Flaxman	CANDACE FLAXMAN, PRES 4/28/04 772-878-0386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #