

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008271

FILED
Jan 10, 2006
Secretary of State

Entity Name: FLAGLER CROSSROADS, INC.

Current Principal Place of Business:

4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST, FL 32137

New Principal Place of Business:

880 AIRPORT ROAD, STE. 108
OAK POINTE BUSINESS PARK
ORMOND BEACH, FL 32174

Current Mailing Address:

4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST, FL 32137

New Mailing Address:

880 AIRPORT ROAD, STE. 108
OAK POINTE BUSINESS PARK
ORMOND BEACH, FL 32174

FEI Number: 41-2076394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

CHIUMENTO, MICHAEL D II
4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST, FL 32137 US

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.

SIGNATURE: MICHAEL D. CHIUMENTO, II

01/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHIUMENTO, MICHAEL D
Address: 4 OLD KINGS ROAD NORTH, SUITE B
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: LUPINACCI, NICHOLAS
Address: 5 CRAFTON COURT
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: LUPINACCI, JANET
Address: 5 CRAFTON COURT
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Delete
Name: MAZZOLA, MICHAEL J
Address: 278 ROUTE 202
City-St-Zip: SOMERS, NY 10589

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHIUMENTO, MICHAEL D II
Address: 4 OLD KINGS ROAD NORTH, SUITE B
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Change () Addition
Name: NEWSLOW, JAMES A III
Address: 880 AIRPORT RD., STE. 108
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change () Addition
Name: PAGE, BRUCE
Address: 1520 LAMBERT AVE.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. NEWSLOW, III

D

01/10/2006

Electronic Signature of Signing Officer or Director

Date