

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008271

Entity Name: FLAGLER CROSSROADS, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date