2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-06-2005 90106 027 ***150.00

DOCUMENT # P03000028009

1. Entity Name
RV FLAG MOUNTS, INC.

Principal Place of Business	Mailing Address
5283 BEACHBLANKET CIR FT PIERCE, FL 34949	5283 BEACHBLANKET CIR FT PIERCE, FL 34949

000016397

03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3746963
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
5283 BEACHBLANKET CIR
FORT PIERCE, FL 34949

Jane Spiegel-Utrera, P.A.
5283 Beachblanket Cir
Fort Pierce, FL 34949

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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
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BRUCKLER, FERDINAND L
STREET ADDRESS	5283 BEACHBLANKET CIR
CITY-ST-ZIP	FT PIERCE, FL 34949
TITLE	VSD
NAME	BRUCKLER, CATHERINE D
STREET ADDRESS	5283 BEACHBLANKET CIR
CITY-ST-ZIP	FT PIERCE, FL 34949
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ferdinand L. Brückler FERDINAND L. BRUCKLER 4.1.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #