

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

01-29-2004 90020 049 ***150.00

DOCUMENT # P03000035349 1. Entity Name FLICK PROPERTIES, INC.																																																																																																																											
Principal Place of Business 435 S. RIDGEWOOD AVE., #210 DAYTONA BEACH, FL 32114		Mailing Address 435 S. RIDGEWOOD AVE., #210 DAYTONA BEACH, FL 32114																																																																																																																									
2. Principal Place of Business <i>Change</i> 26 SHADOW CREEK WAY Suite, Apt. #, etc.		3. Mailing Address 26 SHADOW CREEK WAY Suite, Apt. #, etc.																																																																																																																									
City & State Ormond Beach, FL.		City & State Ormond Beach, FL.																																																																																																																									
Zip 32174		Zip 32174																																																																																																																									
Country Volusia		Country Volusia																																																																																																																									
4. FEI Number 54-2103366		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional - Fee Required -		6. Name and Address of Current Registered Agent FLICK, KEVIN 26 SHADOW CREEK WAY ORMOND BEACH, FL 32174																																																																																																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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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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 <u>Kevin P. Flick</u> 2/6/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																											