

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90182 049 \*\*\*150.00

<b>DOCUMENT # P03000087250</b> 1. Entity Name <b>FLATWATER INVESTMENTS, INC.</b>					
Principal Place of Business <b>1102 N ROME AVE TAMPA, FL 33607</b>			Mailing Address <b>1102 N ROME AVE TAMPA, FL 33607</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>80-0075934</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>FLYNN, WILLIAM M 8509 C SUNSTATE ST TAMPA, FL 33634</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1102 N. Rome Ave</b> City <b>Tampa, FL</b> Zip Code <b>33607</b>	
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 <b>WILLIAM M. FLYNN</b> <span style="float: right;"><b>4/25/05</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDAMONE, MARK 8509 C SUNSTATE ST TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAACKE, JOHN JR. 8509 C SUNSTATE ST TAMPA, FL 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAACKE, JOHN III 8509 C SUNSTATE ST TAMPA, FL 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, WILLIAM M III 8509 C SUNSTATE ST TAMPA, FL 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, WILLIAM M III 8509 C SUNSTATE ST TAMPA, FL 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, WILLIAM M III 8509 C SUNSTATE ST TAMPA, FL 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, WILLIAM M III 8509 C SUNSTATE ST TAMPA, FL 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D/VP 13613 FAUN RIDGE BLVD TAMPA, FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P 9343 PONTIAC DR TAMPA, FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP 1102 N. Rome Ave TAMPA, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP 1102 N. Rome Ave TAMPA, FL 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP 1102 N. Rome Ave TAMPA, FL 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 recorder 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: <b>John L. FLAACKE III</b> <span style="float: right;"><b>4/22/05</b> <b>813 886 1494</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					