

## ANNUAL REPORT

DOCUMENT # P03000103915

1. Entity Name

FLYING BOY ENTERPRISES, INC.

Jan 18,  
Secr

Principal Place of Business

112 E. CHANDLER RD  
WEST PALM BEACH, FL 33406

Mailing Address

112 E. CHANDLER RD  
WEST PALM BEACH, FL 33406

01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
20-0253037Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LAMB, CRAIG  
112 E. CHANDLER RD  
WEST PALM BEACH, FL 33406DO NOT WRITE  
IN THIS SPACE

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:

CRAIG LAMB

Craig Lamb

1-15-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME LAMB, CRAIG  
STREET ADDRESS 112 E. CHANDLER RD  
CITY-ST-ZIP WEST PALM BEACH, FL 33406TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP1100000181801  
01/19/05-80002-010 150.00DO NOT WRITE  
IN THIS SPACE

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:

CRAIG LAMB

Craig Lamb

1-15-05

561-436-5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #