
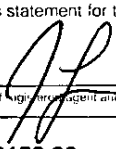
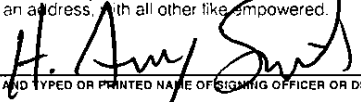


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90006 010 \*\*\*150.00

<b>DOCUMENT # P05000016787</b>			
1. Entity Name VOLUSIA FLAGLER SALES INC			
Principal Place of Business 5921 BROKEN BOW LANE PORT ORANGE, FL 32127		Mailing Address 5921 BROKEN BOW LANE PORT ORANGE, FL 32127	
2. Principal Place of Business		3. Mailing Address 1515 Ridgewood Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. A	
City & State		City & State Holly Hill FL	
Zip	Country	Zip	Country
32117			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOGUIDICE, JOE 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117		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		DATE	
		7/5/06	
Signature, typed or printed name of registered agent and title if applicable (NOTE: registered agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, AVERY 5921 BROKEN BOW LANE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 7/8/2006 Daytime Phone #: 386-761-5201	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

50022233



07052006 Chg-P CR2E034 (11/05)

4. Fil Number 20-2257459 Applied For Not Applicable

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