


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90162 001 ***150.00
03-20-2006 90162 002 *****8.75

DOCUMENT # P05000022706	
1. Entity Name FLAMINGO BAY TRADERS, INC.	

Principal Place of Business 1130 CHERRY TREE ROAD ST. AUGUSTINE, FL 32086	Mailing Address 1130 CHERRY TREE ROAD ST. AUGUSTINE, FL 32086
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2. Principal Place of Business 5675 N. Atlantic Ave. Suite, Apt. #, etc. 112 City & State Cocoa Beach - Florida	3. Mailing Address 5675 N. Atlantic Ave. Suite, Apt. #, etc. 112 City & State Cocoa Beach, Florida
Zip 32931 Country USA	Zip 32931 Country USA

01042006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent LARocca, TERRY 1130 CHERRY TREE ROAD ST. AUGUSTINE, FL 32086	7. Name and Address of New Registered Agent Name TERRY LARocca Street Address (P.O. Box Number is Not Acceptable) 144 Turtle Bay Ln. City S. Ponte Vedra Beach FL Zip Code 32082
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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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARocca, TERRY 1130 CHERRY TREE ROAD ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARocca, TERRY 144 Turtle Bay Ln. S. Ponte Vedra Beach, FL 32082 <input checked="" 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
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:

Terry LaRocca Terry LaRocca P.

1/5/06

321-868-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #