2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000022706 03-15-2007 90033 002 ***150.00 1. Entity Name FLAMINGO BAY TRADERS, INC. Mailing Address Principal Place of Business 5675 N ATLANTIC AVE 5675 N ATLANTIC AVE SUITE 112 **SUITE 112** COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 2. Principal Place of Business - No P.O. Box# 3. Mailing Address 44 Turtle Bay 144 Turtle Bay Ln S. Ponte Vedra Beach Suite, Apr. 8, etc. 5. Ponte Vedira CR2E034 (12/06) 03062007 Chap-P City & State 4. FB Number Applied For City & State 20-2328971 Not Applicable Florid FLorid Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 32082 32082 USA USA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent LAROCCA, TERRY Street Address (P.O. Box Number is Not Acceptable) 144 TURTLE BAY LN PONTE VEDRA BEACH, FL 32082 City 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. Sonature, typed or printed name of repatiened agent and title if poplicable. (NOTE: Resistened Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition ☐ Detete TITLE TIME NAME LAROCCA, TERRY 144 TURTLE BAY LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZP Addition me Delete me ☐ Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P Delete ☐ Addition TITLE MDF ☐ Chance NAME STREET ADDRESS STREET ADDRESS COY-ST-709 CITY, SE, XP ☐ Delete mŧ ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-AP CITY-ST-ZIP ☐ Change MLE □ Delete TITLE ☐ Addition NAME MALK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-75P TITLE ☐ Defete TILLE (Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting 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.

occa

O OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPE

FILED

Mar 15, 2007 8:00 am