

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90033 002 ***150.00



DOCUMENT # P05000022706

1. Entity Name
FLAMINGO BAY TRADERS, INC.

Principal Place of Business 5675 N ATLANTIC AVE SUITE 112 COCOA BEACH, FL 32931	Mailing Address 5675 N ATLANTIC AVE SUITE 112 COCOA BEACH, FL 32931
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2. Principal Place of Business - No P.O. Box # 144 Turtle Bay Ln. Suite, Apt. #, etc. S. Ponte Vedra Beach City & State Florida Zip 32082	3. Mailing Address 144 Turtle Bay Ln. Suite, Apt. #, etc. S. Ponte Vedra Beach City & State Florida Zip 32082	Country USA	Country USA
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03062007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**LAROCCA, TERRY
 144 TURTLE BAY LN
 PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reissuing) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <input type="checkbox"/> Delete LAROCCA, TERRY 144 TURTLE BAY LN PONTE VEDRA BEACH, FL 32082	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 **3/9/07** **904 824 9903**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #