

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90033 001 \*\*\*158.75

DOCUMENT # P05000061135

1. Entity Name

CAPT JAMES S FLAGEL INC



Principal Place of Business

% JAMES S FLAGEL  
782 SW BRIDGEPORT DR  
PORT ST LUCIE FL 34953

Mailing Address

% JAMES S FLAGEL  
782 SW BRIDGEPORT DR  
PORT ST LUCIE FL 34953



2. Principal Place of Business - No P.O. Box #

40 James S. Flagel Inc

Suite, Apt. #, etc.  
160 N.W. 352 ND COURT

City & State  
OKEECHOBEE - FL

Zip  
34972

Country  
U.S.A

3. Mailing Address

40 James S. FLAGEL

Suite, Apt. #, etc.  
160 N.W. 352 ND COURT

City & State  
OKEECHOBEE - FL

Zip  
34972

Country  
U.S.A

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-2696249

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLAGEL, JAMES S  
782 SW BRIDGEPORT DR  
PORT ST LUCIE FL 34953

7. Name and Address of New Registered Agent

Name James S. Flagel

Street Address (P.O. Box Number is Not Acceptable)

160 N.W. 352 ND COURT

City OKEECHOBEE

FL

Zip Code 34972

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 *James S. Flagel*

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, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME FLAGEL, JAMES S  
STREET ADDRESS 782 SW BRIDGEPORT DR  
CITY- ST- ZIP PORT ST LUCIE FL 34953 ☐ Delete

TITLE D  
NAME FLAGEL, LORI  
STREET ADDRESS 782 SW BRIDGEPORT DR  
CITY- ST- ZIP PORT ST LUCIE FL 34953 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James S. Flagel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07/863-467-8931

Date

Daytime Phone #