


**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 #  
 % James S. Flagel Inc  
 Suite, Apt. #, etc.  
 160 N.W. 352 ND COURT  
 City & State  
 OKEECHOBEE - FL

3. Mailing Address  
 % James S. FLAGEL  
 Suite, Apt. #, etc.  
 160 N.W. 352 ND COURT  
 City & State  
 OKEECHOBEE - FL

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 (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 NAME STREET ADDRESS CITY - ST - ZIP	D FLAGEL, JAMES S 782 SW BRIDGEPORT DR PORT ST LUCIE FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLAGEL, LORI 782 SW BRIDGEPORT DR PORT ST LUCIE FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: Loni Flagel 4-27-07/863-467-8931  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #