

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076919

Entity Name: FLAGLER SUN LORDS, INC.

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

68 BAYSIDE DRIVE  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

68 BAYSIDE DRIVE  
PALM COAST, FL 32137 US

**New Mailing Address:**

FEI Number: 20-2905301      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EARLE, COLIN M  
68 BAYSIDE DRIVE  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: P D ( ) Delete  
Name: FRIES, EDWARD  
Address: 4013 CREE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VSTD ( ) Delete  
Name: EARLE, COLIN M  
Address: 68 BAYSIDE DRIVE  
City-St-Zip: PALM COAST, FL 32137 US

Title: D ( ) Delete  
Name: EARLE, WENDY  
Address: 68 BAYSIDE DRIVE  
City-St-Zip: PALM COAST, FL 32137 US

Title: D ( ) Delete  
Name: FRIES, BRIDGET  
Address: 4013 CREE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN M. EARLE

Electronic Signature of Signing Officer or Director

VSTD

05/01/2009

\_\_\_\_\_ Date