


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90121 041 ***150.00

DOCUMENT # P05000124128

1. Entity Name
FLUSH N GO, INC



Principal Place of Business
**2547 E 6TH ST
 PANAMA CITY, FL 32401**

Mailing Address
**2547 E 6TH ST
 PANAMA CITY, FL 32401**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01172006 Chg-P CR2E034 (11/05)

4. FEJ Number
20-3482543

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

**BRAHIER, PATTI L
 2547 E 6TH ST
 PANAMA CITY, FL 32401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PADGETT, RANDALL D	
STREET ADDRESS	2531 E 6TH ST	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRAHIER, PATTI L	
STREET ADDRESS	2547 E 6TH ST	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	V	<input type="checkbox"/> Delete
NAME	PONS, JOHN M	
STREET ADDRESS	2404 COCHRAN RD	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHILDREE, JAMES A	
STREET ADDRESS	1603 VERMONT AVE	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Patti L Brahier, Secretary* 1/19/06 850-914-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #