

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90196 040 ***150.00

DOCUMENT # P07000016557					
1. Entity Name FLANAGAN ENGINEERING, INC.					
Principal Place of Business 3813 BENTFORD COURT ORLANDO, FL 32817			Mailing Address 3813 BENTFORD COURT ORLANDO, FL 32817		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 678223			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORLANDO, FL		4. FEI Number 26-893567	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent FLANAGAN, COLIN 3813 BENTFORD COURT ORLANDO, FL 32817			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: 5/3/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 FLANAGAN, COLIN 3813 BENTFORD COURT ORLANDO, FL 32817		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLANAGAN, COLIN 3813 BENTFORD COURT ORLANDO, FL 32817		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLANAGAN, COLIN 3813 BENTFORD COURT ORLANDO, FL 32817		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLANAGAN, COLIN 3813 BENTFORD COURT ORLANDO, FL 32817		<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:  DATE: 5/3/08 4:27 PM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					