


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90031 038 ***150.00

DOCUMENT # P07000053569	
1. Entity Name FIRST FLAGLER PARTNERS, INC.	

Principal Place of Business C/O BRUCE PAGE 1520 LAMBERT AVENUE FLAGLER BEACH FL 32136	Mailing Address C/O BRUCE PAGE 1520 LAMBERT AVENUE FLAGLER BEACH FL 32136
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIUMENTO & GUNTARP, P.A. 4 OLD KINGS RD NORTH SUITE B PALM COAST FL 32137	
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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 coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	BAYLOR, A.W.
STREET ADDRESS	1860 COUNTY ROAD 2006
CITY-ST-ZIP	BUNNELL FL 32110
TITLE	D <input type="checkbox"/> Delete
NAME	CLINE, SAMUEL E
STREET ADDRESS	18 UTILITY DRIVE, PO BOX 354425
CITY-ST-ZIP	PALM COAST FL 32135
TITLE	D <input type="checkbox"/> Delete
NAME	CREWS, C. SCOTT
STREET ADDRESS	PO BOX 69
CITY-ST-ZIP	BUNNELL FL 32110
TITLE	D <input type="checkbox"/> Delete
NAME	GIBBS, THOMAS L
STREET ADDRESS	33 SUGAR MILL LANE
CITY-ST-ZIP	FLAGLER BEACH FL 32136
TITLE	D <input type="checkbox"/> Delete
NAME	KEYES, GERALD P
STREET ADDRESS	1 FLORIDA PARK DRIVE N STE 107
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	D <input type="checkbox"/> Delete
NAME	CHIUMENTO, MICHAEL D
STREET ADDRESS	4 OLD KINGS ROAD NORTH SUITE B
CITY-ST-ZIP	PALM COAST FL 32137

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	
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 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: Bruce E. Page Bruce E. Page **1-31-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR