

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061223

Entity Name: FLINTHILLS ENTERPRISES, INC.

FILED  
Mar 20, 2008  
Secretary of State

## Current Principal Place of Business:

1 GREY WING POINTE  
NAPLES, FL 34113

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 11525  
NAPLES, FL 34101

## New Mailing Address:

FEI Number: 26-0217668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

USA-RA, LLC  
873 WEST BAY DRIVE  
105  
LARGO, FL 33770 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P, T ( ) Delete  
Name: SCHARENBERG, LYLE L  
Address: 1 GREY WING POINTE  
City-St-Zip: NAPLES, FL 34113

Title: VP S ( ) Delete  
Name: SCHARENBERG, SHARON K  
Address: 1 GREY WING POINTE  
City-St-Zip: NAPLES, FL 34113

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LYLE SCHARENBERG

PRES

03/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date