



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90008 018 ***150.00

DOCUMENT # P13493							
1. Entity Name FLASH HOLDING COMPANY							
Principal Place of Business 102 LEE AVE. P.O. BOX 2149 WAYCROSS, GA 31502		Mailing Address 102 LEE AVE. P.O. BOX 2149 WAYCROSS, GA 31502		<p style="font-size: 24pt; text-align: center;">44000929</p> 			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		01052004 Chg-P CR2E034 (10/03)			
4. FEI Number 58-1484387		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BURGESS, GRANVILLE C. 303 CENTRE STREET, STE. 200 FERNANDINA BEACH, FL 32034			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.			DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD	<input type="checkbox"/> Delete	TITLE	Jones Patrick STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, JAMES A. JR.		NAME	1615 Seminole Springs Rd			
STREET ADDRESS	RIVER OAKS DR.		STREET ADDRESS	Waycross GA 31501			
CITY-ST-ZIP	BLACKSHEAR, GA 31516		CITY-ST-ZIP				
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WYSONG, PHIL		NAME				
STREET ADDRESS	1304 ST. MARYS AVENUE		STREET ADDRESS				
CITY-ST-ZIP	WAYCROSS, GA 31501		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, J.C. JR.		NAME				
STREET ADDRESS	505 BENT TREE ROAD		STREET ADDRESS				
CITY-ST-ZIP	BLACKSHEAR, GA 31516		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, CAROLE		NAME				
STREET ADDRESS	505 BENT TREE ROAD		STREET ADDRESS				
CITY-ST-ZIP	BLACKSHEAR, GA 31516		CITY-ST-ZIP				
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, J.C., III		NAME				
STREET ADDRESS	441 BLOUNT ROAD		STREET ADDRESS				
CITY-ST-ZIP	WAYCROSS, GA 31503		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, PATRICK		NAME				
STREET ADDRESS	1615 SEMINOLE SPRINGS RD		STREET ADDRESS				
CITY-ST-ZIP	WAYCROSS, GA 31501		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>James A. Walker Jr</u>		James A. Walker Jr		Date: <u>1/15/04 (912)285-4011</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			