

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P13493**

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

**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number

**58-1484387**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BURGESS, GRANVILLE C.  
303 CENTRE STREET, STE. 200  
FERNANDINA BEACH, FL 32034

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000203166  
01/29/05-80019-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME WALKER, JAMES A. JR.  
STREET ADDRESS RIVER OAKS DR.  
CITY-ST-ZIP BLACKSHEAR, GA 31516

TITLE D  
NAME JONES, J.C. JR.  
STREET ADDRESS 505 BENT TREE ROAD  
CITY-ST-ZIP BLACKSHEAR, GA 31516

TITLE D  
NAME JONES, CAROLE  
STREET ADDRESS 505 BENT TREE ROAD  
CITY-ST-ZIP BLACKSHEAR, GA 31516

TITLE C  
NAME JONES, J.C., III  
STREET ADDRESS 441 BLOUNT ROAD  
CITY-ST-ZIP WAYCROSS, GA 31503

TITLE STD  
NAME JONES, PATRICK  
STREET ADDRESS 1615 SEMINOLE SPRINGS RD  
CITY-ST-ZIP WAYCROSS, GA 31501

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/05 912-283-1661  
Date Daytime Phone #