

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-09-2005 90056 044 ***150.00

DOCUMENT # P32608 1. Entity Name FLEXSTAKE, INC.	
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Principal Place of Business 2150 ANDREA LANE FT. MYERS, FL 33912 US	Mailing Address 2150 ANDREA LANE FT. MYERS, FL 33912 US
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DO NOT WRITE IN THIS SPACE



01082005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-1961826	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUGHES, JR R K
2150 ANDREA LANE
FORT MYERS, FL 33912**

**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  DATE _____

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

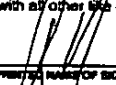
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME HUGHES, JR R K
STREET ADDRESS 2150 ANDREA LANE	CITY-STATE-ZIP FT. MYERS, FL 33912
TITLE VST	NAME HUGHES, JOHN W.
STREET ADDRESS 7832 SKYLAKE DR.	CITY-STATE-ZIP FT. WORTH, TX
TITLE D	NAME HUGHES, JOHN W.
STREET ADDRESS 7832 SKYLAKE DR.	CITY-STATE-ZIP FT. WORTH, TX
TITLE D	NAME HUGHES, WILLIAM M.
STREET ADDRESS 315 EAST FIFTH ST.	CITY-STATE-ZIP TYLER, TX
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-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 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 info empowered.

SIGNATURE:  DATE **3-7-05** DAYTIME PHONE **239-481-3539**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR