

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P32608

1. Entity Name
FLEXSTAKE, INC.



Principal Place of Business
2150 ANDREA LANE
FT. MYERS, FL 33912 US

Mailing Address
2150 ANDREA LANE
FT. MYERS, FL 33912 US



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
75-1961826

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000403090
02/03/06-80034-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HUGHES, JR R K
STREET ADDRESS 2150 ANDREA LANE
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE VST
NAME HUGHES, JOHN W.
STREET ADDRESS 7832 SKYLAKE DR.
CITY-ST-ZIP FT. WORTH, TX

TITLE D
NAME HUGHES, JOHN W.
STREET ADDRESS 7832 SKYLAKE DR.
CITY-ST-ZIP FT. WORTH, TX

TITLE D
NAME HUGHES, WILLIAM M.
STREET ADDRESS 315 EAST FIFTH ST.
CITY-ST-ZIP TYLER, TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

1-20-06