

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000052326

Entity Name: FLM ASSOCIATES INC.

FILED
Jan 17, 2005
Secretary of State

Current Principal Place of Business:

6971 HERITAGE DR
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

6971 HERITAGE DR.
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 65-0427060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LECONTE, RUTH
2697 CALUSA ST.
PORT ST. LUCIE, FL 34952 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: D () Delete
Name: MONGNO, VINCENT
Address: 542 PROSPECT ST.
City-St-Zip: WESTFIELD, NJ 07090

Title: D () Delete
Name: MONGNO, EUGENE
Address: 1111 WYCHOWOOD RD.
City-St-Zip: WESTFIELD, NJ 07090

Title: P () Delete
Name: MONGNO, PATRICK
Address: C/O 2193 HEATHWOOD CR.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: V () Delete
Name: FERRARO, JOHN
Address: C/O 2193 HEATHWOOD CR.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ST () Delete
Name: LECONTE, RUTH
Address: C/O 2193 HEATHWOOD CR.
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: VINCENT MONGNO

DIR

01/17/2005

Electronic Signature of Signing Officer or Director

_____ Date