

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000081939

FILED
Mar 13, 2006
Secretary of State

Entity Name: FLAGLER FOREST PRODUCTS, INCORPORATED

Current Principal Place of Business:

99 FLAGLER REGIONAL PLAZA
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 518
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 59-3211947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREWS, MATTHEW S
99 FLAGELR REGIONAL PLAZA
PALM COAST, FL 32137 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: PT () Delete
Name: CREWS, MATTHEW
Address: P.O. BOX 1209
City-St-Zip: BUNNELL, FL 32110

Title: VD () Delete
Name: RIZZO, JOSEPH
Address: 56 ETHAN ALLEN LANE
City-St-Zip: PALM COAST, FL 32135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: RIZZO, JOSEPH
Address: 17 MAPLE STREET
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MATTHEW CREWS

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03/13/2006

Electronic Signature of Signing Officer or Director

_____ Date