

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000081939

**FILED**  
**Apr 05, 2011**  
**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:**

99 FLAGLER REGIONAL PLAZA  
PALM COAST, FL 32137 US

**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

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: CREWS, MATTHEW  
Address: P.O. BOX 1209  
City-St-Zip: BUNNELL, FL 32110

Title: VD  
Name: RIZZO, JOSEPH  
Address: 17 MAPLE STREET  
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW CREWS

PRES

04/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date