## 2006 FOR PROFIT COMPORATION ANNUAL REPORT

## DOCUMENT # P93000083250

1. Entity Name

FLAIG AND ASSOCIATES, INC.



Principal Place of Business

150 BELLEVIEW BLVD

SUITE 603

CLEARWATER, FL 34616

Mailing Address

150 BELLEVIEW BLVD SUITE 603

CLEARWATER, FL 34616



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No Chg-P

CR2E034 (11/05)

**FILED** 

Jul 10, 2006 08:00 AM Secretary of State

4. FEI Number 59-3216199 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLAIG, EVELYN W 150 BELLEVIEW BLVD

## DO NOT WRITE

CLEARWA	3 ATER, FL 34616			IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	urpose of changing its regist	ered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	_		
SIGNATURE	Signature, typed or printed name of registered agent and title if	f apokcable. (NOTE: Regist	ered Agent signature	required when reinstating)	DATE			
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006			\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND DIREC	TORS		<b>,</b>	<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAIG, EVELYN W 150 BELLEVIEW BLVD SUITE 603 CLEARWATER, FL 34616		,	•	U00000568740 07/10/06-80005-021 150.00			
TITLE NAME STREET ADDRESS CITY+ST-ZIP				,	017 157 00 00000 021 130700	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE			
NAME . STREET ADORESS CITY-S1-ZIP .	**************************************							
TITLE NAME STREET ADDRESS CITY-ST-ZIP						,		
12. I hereby o	pertify that the information supplied with this full		exemptions cor	ntained in Chapter 11	9, Florida Statutes. I further certify that the information	_		

of the corporation of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under calls; 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.

M77.441.37 BZ