

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000014129

Entity Name: FLYCASTER & CO., INC.

FILED  
Feb 01, 2005  
Secretary of State

## Current Principal Place of Business:

14722 NW 140TH ST  
ALACHUA, FL 32615 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 357606  
GAINESVILLE, FL 326357606 US

## New Mailing Address:

P.O. BOX 357606  
GAINESVILLE, FL 357606 US

FEI Number: 65-0614605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPENCE, JOHN  
7208 SW 22 PLACE  
GAINESVILLE, FL 32606 US

## Name and Address of New Registered Agent:

ROSIN, NEIL  
500 NW 43RD STREET  
GAINESVILLE, FL 32607 US

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: NEIL ROSIN

02/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SPENCE, JOHN B  
Address: 7208 SW 22 PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: DO ( ) Delete  
Name: HOLCOMB, SHEILA A  
Address: PO BOX 357606  
City-St-Zip: GAINESVILLE, FL 32635

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SPENCE, JOHN B  
Address: PO BOX 357606  
City-St-Zip: GAINESVILLE, FL 32635

Title: DO (X) Change ( ) Addition  
Name: SPENCE, SHEILA A  
Address: PO BOX 357606  
City-St-Zip: GAINESVILLE, FL 32635

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: SHEILA SPENCE

DO

02/01/2005

Electronic Signature of Signing Officer or Director

Date