

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90107 046 ***150.00

DOCUMENT # P95000069958			
1. Entity Name FLAMINGO BUILDING CORPORATION			
Principal Place of Business 2840 PROCTOR RD. SARASOTA, FL 34231		Mailing Address 16528 N. Dale Mabry Hwy. 3355 BEARSS AVE TAMPA, FL 33618	
2. Principal Place of Business		3. Mailing Address 16528 N. Dale Mabry Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tampa, FL	
Zip	Country	Zip	Country
33618		33618	
4. FEI Number 65-0842138		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, WALTER 3355 BEARSS AVE TAMPA, FL 33618		7. Name and Address of New Registered Agent Name SANDERS, WALTER Street Address (P.O. Box Number is Not Acceptable) 16528 N. Dale Mabry Hwy City Tampa State FL Zip 33618	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Walter Sanders		Walter Sanders 2/20/05	
FILE NOW!! PER IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KANTER, DOUGLAS A 4880 WOODPOINTE WAY SARASOTA, FL 34233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KANTER, DOUGLAS A 1525 Bay Point Drive SARASOTA, FL 34236 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: D.A. KANTER		4/28/05 9413762103	
SIGNATURE AND TYPE OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR		Date Deputy Phone #	

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