## ~ 2006 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

## May 03, 2006 8:00 am Secretary of State **ANNUAL REPORT** P95000069958 DOCUMENT 05-03-2006 90253 015 \*\*\*150.00 1. Entity Name FLAMINGO BUILDING CORPORATION Principal Place of Business Mailing Address 60035647 2840 PROCTOR RD. 16528 N DALE MABRY HWY SARASOTA, FL 34231 TAMPA, FL 33618 No Chg-P 01112006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0642138 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANDERS, WALTER DO NOT WRITE 16528 N DALE MABRY HWY TAMPA, FL 33618 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE KANTER, DOUGLAS A NAME STREET ADDRESS 1525 BAY POINT DRIVE CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

FILED

Applied For

Not Applicable

12.	I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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	Douglas Kanter	Douglas.	Kunter	4/261	DL .
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI	IG OFFICER OR DIRECTOR		Date	Oaytime Phone #