

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90038 007 ***150.00

DOCUMENT # P95000072109

1. Entity Name

FLC MANAGEMENT SERVICES, INC.



Principal Place of Business

8805 OVERSEAS HIGHWAY
SUITE 10187
ISLAMORADA, FL 33036

Mailing Address

8805 OVERSEAS HIGHWAY
SUITE 10187
ISLAMORADA, FL 33036

2. Principal Place of Business

8805 OVERSEAS HWY

Suite, Apt. #, etc.

H 10187

City & State

ISLAMORADA FL

Zip

33036

Country

USA

3. Mailing Address

8805 OVERSEAS HWY

Suite, Apt. #, etc.

H 10187

City & State

ISLAMORADA FL

Zip

33036

Country

USA



02082005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0636332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KHAN, HOWARD N
4000 HOLLYWOOD BLVD.
SUITE 485 SO.
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

KAHN, HOWARD N

Street Address (P.O. Box Number is Not Acceptable)

4000 HOLLYWOOD BLVD

SUITE 400-NORTH

City

HOLLYWOOD

FL

Zip Code

33021

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.

CORRECTING SPELLING & ADDRESS

SIGNATURE: HOWARD N. KAHN

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

2/8/05

FILE NOW!!! FEE 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

TITLE PD
NAME COATS, LUANA J
STREET ADDRESS 111 TEQUESTA STREET
CITY-ST-ZIP PLANTATION, FL 33070 ☐ Delete

TITLE ST
NAME COATS, FLOYD
STREET ADDRESS 111 TEQUESTA ST
CITY-ST-ZIP PLANTATION, FL 33070 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05

Date

Daytime Phone #