

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: **88005 OVERSEAS HWY**
 Suite, Apt. #, etc.: **# 10187**
 City & State: **ISLAMORADA DL**
 Zip: **33036** Country: **USA**

3. Mailing Address: **88005 OVERSEAS HWY**
 Suite, Apt. #, etc.: **# 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** DATE: **2/8/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, LUANA J	NAME	
STREET ADDRESS	111 TEQUESTA STREET	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33070	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, FLOYD	NAME	
STREET ADDRESS	111 TEQUESTRA ST	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33070	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]** DATE: **2/8/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #