

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90047 014 ***550.00

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 - No P.O. Box #

2924 DAVIE RD W 200

3. Mailing Address

2924 DAVIE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

DAVIE

City & State

DAVIE

Zip

33314

Country

BRUNAR

Zip

33314

Country

BLUARD

06122007

Chg-P

CR2E034 (12/06)

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 400-NORTH
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name **HOWARD N. KAHN, ESG**

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

2924 DAVIE ROAD

200

City

DAVIE

FL

Zip Code

33314

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

Signature, hand or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

8/1/07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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

Date

8/1/07

Signature Phone #