2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 07, 2005 8:00 am **Secretary of State DOCUMENT # P95000087248** 02-07-2005 90085 031 ***150.00 FLANGEMAN MARKETING, INC. Mailing Address Principal Place of Business 1223 DEERWOOD DRIVE P 0 BOX 6302 DESTIN, FL 32550 DESTIN. FL 32550 2. Principal Place of Business 3. Mailing Address 15124 Princewood La. 7148 P.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number Land O Lakos 59-3346850 Hudson Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34638 Pasco 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Michael J. Ryan Street Address (P.O. Box Number is Not Acceptable) 82// 5.R.52 OWEN, DAVID A 1221 AIRPORT ROAD, #208 DESTIN, FL 32541 Hudson atement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above 2-z-05ICHAEL SIGNATURE stered againt and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change schroeder, Frank 5. 15124 Princewood La. SCHROEDER, FRANK S NAME NAME 1223 DEERWOOD DRIVE STREET ADDRESS STREET ADDRESS DESTIN, FL 32541 Land O Lakes , FL 34638 CITY-ST-7IP CITY-ST-7IP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE · · ☐ Change ☐ Addition NAME NAME e na trado por los ferencia. A que trado por los ferencias 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.

Frank 5. Schroeder 2/4/05 813-996-7156

FILED