

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000005864

FILED  
Apr 15, 2004  
Secretary of State

Entity Name: FLIP IT CORPORATION, INC.

## Current Principal Place of Business:

3480 C US 1 NORTH  
SAINT AUGUSTINE, FL 32095 US

## New Principal Place of Business:

6480 C US 1 NORTH  
SAINT AUGUSTINE, FL 32095 US

## Current Mailing Address:

3480 C US 1 NORTH  
SAINT AUGUSTINE, FL 32095 US

## New Mailing Address:

6480 C US 1 NORTH  
SAINT AUGUSTINE, FL 32095 US

FEI Number: 59-3388274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTEEL, JAMES E  
5734 MANNING CEMETERY RD.  
JACKSONVILLE, FL 32234 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CASTEEL, J E  
Address: 5734 MANNING CEMETARY RD  
City-St-Zip: JACKSONVILLE, FL 32234

Title: D ( ) Delete  
Name: BLANCO, ERNESTO  
Address: 36 SANDRICK ROAD  
City-St-Zip: BELMONT, MA 02176

Title: CD ( ) Delete  
Name: SESONA, AL  
Address: 7731 MANASSAS CT. W  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: HARTMAN, SHIRLEY  
Address: 4968 MEGANWOOD LN.  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E CASTEEL

D

04/15/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date