

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000005864

Entity Name: FLIP IT CORPORATION, INC.

FILED
Apr 23, 2005
Secretary of State

Current Principal Place of Business:

6480 C US 1 NORTH
SAINT AUGUSTINE, FL 32095 US

New Principal Place of Business:

Current Mailing Address:

6480 C US 1 NORTH
SAINT AUGUSTINE, FL 32095 US

New Mailing Address:

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

04/23/2005

Electronic Signature of Signing Officer or Director

_____ Date