


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000025404 1. Entity Name FLAGLER REALTY & DEVELOPMENT, INC.	
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Principal Place of Business P.O. BOX 85 WEST PALM BEACH, FL 33402	Mailing Address P.O. BOX 85 WEST PALM BEACH, FL 33402
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DO NOT WRITE IN THIS SPACE



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0652563

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A
505 S. FLAGLER DRIVE
1010
W PALM BEACH, FL 33401

DO NOT WRITE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000507679
04/27/06-80073-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SCOTT A % P.O. BOX 85 N/A W PALM BEACH, FL 33402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOENIG, PATRICK C % P.O. BOX 85 N/A W PALM BEACH, FL 33402
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  3-3-06 561-655-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #