2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000028586

1. Entity Name
FLAGSHIP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
738 RUGBY STREET ORLANDO, FL 32804 US	738 RUGBY STREET ORLANDO, FL 32804 US

01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3379312

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERLIN, JO ANNE
738 RUGBY STREET
ORLANDO, FL 32804

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000100619
04/01/04-80015-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SANDERLIN, W.M.
STREET ADDRESS	738 RUGBY STREET
CITY-ST-ZIP	ORLANDO, FL
TITLE	P
NAME	SANDERLIN, JO ANNE
STREET ADDRESS	738 RUGBY STREET
CITY-ST-ZIP	ORLANDO, FL
TITLE	VP
NAME	SANDERLIN, JACQUELINE
STREET ADDRESS	738 RUGBY STREET
CITY-ST-ZIP	ORLANDO, FL
TITLE	VPAS
NAME	SQUILLANTE, JUDY
STREET ADDRESS	738 RUGBY STREET
CITY-ST-ZIP	ORLANDO, FL
TITLE	ST
NAME	PEPPER, MARILYN W
STREET ADDRESS	738 RUGBY STREET
CITY-ST-ZIP	ORLANDO, FL
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 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.

X **SIGNATURE:** Judy Squillante 3-29-04
Name and Title of Person Signing for Business Officer or Director — Date — Daytime Phone #