

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000048920**

1. Entity Name

FLAGLER FAIRCHILD OAKS, INC.



Principal Place of Business

34 AUDUBON LANE  
FLAGLER BEACH, FL 32136 US

Mailing Address

PO BOX 1626  
ORMOND BEACH, FL 32175 US



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3404399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

DONALD E. HAWKINS PA  
501 SOUTH RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114

**DO NOT WRITE  
IN THIS SPACE**

6. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reattesting)

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME WHITE, JAMES E  
STREET ADDRESS 34 AUDUBON LANE  
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE D  
NAME WHITE, SARAH E  
STREET ADDRESS 34 AUDUBON LANE  
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE D  
NAME BLEDSOE, JAMES R  
STREET ADDRESS 144 RIVERSIDE DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE D  
NAME BLEDSOE, LORE L  
STREET ADDRESS 144 RIVERSIDE DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000454527  
03/15/06-80019-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. BLEDSOE

Date

02/28/06 386-676-1501

Daytime Phone #