58 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 A Secretary of State

DOCUMENT # P96000090073 1. Enlity Name A. FLANAGAN DEVELOPMENT GROUP, INC.					Secre	etary of State	
1619 EXPLO	Principal Place of Business Mailing Address 1619 EXPLORERS DRIVE 1619 EXPLORERS DRIVE TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689						100 14114 (1100) U 141
Ε	OO NOT WRITE I	CE	01252008 4. FEt Number 59-341	No Chg-P	CR2E034	***************************************	
6. Name and Address of Current Registered Agent FLANAGAN, ANDREW 1619 EXPLORERS DRIVE TARPON SPRINGS, FL 34689			DO NOT WRITE IN THIS SPACE ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and title		ed office or register		th, in the State of Flo	DATE	aliar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE D FLANAGAN, ANDREW 1619 EXPLORERS DRIVE TARPON SPRINGS, FL	CTORS			U00000 02/07/08-	1807913 -80026-0	24 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					NOT W		

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

125/08

Daytime Phone #