

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90346 038 ***150.00

DOCUMENT # P98000047672

1. Entity Name

FLAGLER FOLIAGE, INC.



Principal Place of Business

5505 JOHN ANDERSON HWY
FLAGLER BEACH FL 32136

Mailing Address

P.O. BOX 1126
FLAGLER BEACH FL 32136

2. Principal Place of Business

5941 SUSI, Burnell FL

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 1126

City & State

City & State

Flagler Bch FL

Zip

Country

US

Zip

32136

Country

US



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3513944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHUMATE, PEGGY
5505 JOHN ANDERSON HWY
FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHUMATE, JOHN R	
STREET ADDRESS	5505 JOHN ANDERSON HWY	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHUMATE, PEGGY	
STREET ADDRESS	5505 JOHN ANDERSON HWY	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHARPE, LISA	
STREET ADDRESS	5505 JOHN ANDERSON HWY	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

Peggy W Shumate Peggy W. Shumate 4/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-439-0633