

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90057 012 \*\*\*158.75

**DOCUMENT # P98000057261**

1. Entity Name  
**FLICKER CONSTRUCTION, INC.**



Principal Place of Business: **3823 NW 72 DR CORAL SPRINGS, FL 33065**

Mailing Address: **3823 NW 72 DR CORAL SPRINGS, FL 33065**

**40002040**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.



01132005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: **650849659**

Applied For:  Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent

**FLICKER, ROMAN**  
**3823 NW 72 DR**  
**CORAL SPRINGS, FL 33065**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE		<input type="checkbox"/> Delete
NAME	<b>FLICKER, ROMAN</b>	
STREET ADDRESS	<b>3823 NW 72 DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
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		
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		
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		

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:** *Roman Flicker* **Roman Flicker** President 1-13-05 (954)695-7202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #