## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P98000074221**

1. Entity Name FLAIG HOLDINGS, INC.



FILED
May 03, 2007 08:00 AM
Secretary of State

Principal Place of Business

8937 FIRST TEE ROAD PORT SAINT LUCIE, FL 34986 Mailing Address

8937 FIRST TEE ROAD PORT SAINT LUCIE, FL 34986



04262007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0859305 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUERBERG, ERIC M ESQ. 712 U.S. HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408

## DO NOT WRITE IN THIS SPACE

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 the obligations of registered agent.  SIGNATURE  It Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE	accept
SIGNATURE	
FILE NOW!!! FEE 1S \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS	
Tifle         PD           NAME         FLAIG, JOHN O           STREET ADDRESS         8937 FIRST TEE ROAD           CITY-ST-ZIP         PORT SAINT LUCIE, FL 34986         U00000758927           TITLE         05/24/07-80022-010 150.0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  U5/24/U7-80022-010 150. C	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the inform	

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 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:

mobiling (Somatime)

4/27/01

772-466-01-96