

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90079 010 ***150.00

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1. Entity Name

FLAMINGO DEVELOPMENT OF FLAGLER, INC.



Principal Place of Business

170 OLD KINGS ROAD SOUTH
FLAGLER BEACH FL 32136

Mailing Address

P.O. BOX 354844
PALM COAST FL 32135

2. Principal Place of Business

3. Mailing Address

170 Old Kings Rd South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Flagler Beach, FL

City & State

City & State

Zip

Country

Zip

32136

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3599211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDNIKOV, IRENE
17 FLAMINGO COURT
PALM COAST FL 32137

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

I. Meds Irene Mednikov President

02/15/05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Delete
NAME SCHEVCHENKO, INNA
STREET ADDRESS 24 PELICAN CT
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MEDNIKOV, IRENE
STREET ADDRESS 17 FLAMINGO CT
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☒ Change ☐ Addition
NAME mednikov, Irene
STREET ADDRESS 29 Lagare Street
CITY-ST-ZIP Palm Coast, FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

I. Meds Irene Mednikov President 02/15/05 386-439-9985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #