

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90033 028 ***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

170 OLD KINGS ROAD SOUTH
FLAGLER BEACH FL 32136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

MEDNIKOV, IRENE
17 FLAMINGO COURT
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name *Mednikov, Irene*

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

City *PALM COAST* FL Zip Code *32137*

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 *IRENE MEDNIKOV*

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

(NOTE: Registered Agent signature required when reinstating)

01/18/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME *D MEDNIKOV, IRENE*
STREET ADDRESS *29 LAGARE STREET*
CITY-ST-ZIP *PALM COAST FL 32137*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *57 N. Waterview Dr.*
CITY-ST-ZIP *PALM COAST, FL 32137*

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

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 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: *I. Shevchenko* *INNA SHEVCHENKO* *01/18/06 (386) 439-9985*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #