


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90075 050 ***150.00

DOCUMENT # S92856 1. Entity Name FLATEX INC. OF FORT MYERS																							
Principal Place of Business 1016 SUPERIOR STREET LOT 70 FT. MYERS, FL 33916 US			Mailing Address 1016 SUPERIOR STREET LOT 70 FT. MYERS, FL 33916 US																				
2. Principal Place of Business - No P.O. Box # 844 NE 7th Place Suite, Apt. #, etc.		3. Mailing Address 844 NE 7th Place Suite, Apt. #, etc.																					
City & State Cape Coral, FL Zip 33909		City & State Cape Coral, FL Zip 33909		4. FEI Number 65-0300197 Applied For <input type="checkbox"/> Not Applicable																			
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent COX, LINDA L. 1016 SUPERIOR ST. LOT 70 FT. MYERS, FL 33916			7. Name and Address of New Registered Agent Name Linda L Cox Street Address (P.O. Box Number is Not Acceptable) 844 NE 7th Place City Cape Coral FL Zip Code 33909																				
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 <u><i>Linda L Cox</i></u> (NOTE: Registered Agent signature required when retesting) DATE <u>4/9/07</u>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
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SIGNATURE *Linda L Cox* **Linda L Cox**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07
Date

239-573-9429
Daytime Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.