

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90010 038 ***150.00

DOCUMENT # V00293

1. Entity Name
FLAMINGO BROTHERS, INC.



Principal Place of Business
**469 ATLANTIC BLVD., #10
ATLANTIC BEACH, FL 32233**

Mailing Address
**469 ATLANTIC BLVD., #10
ATLANTIC BEACH, FL 32233**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3094699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MEAGHER, MICHAEL P.
1876 SEA OATS DRIVE
ATLANTIC BEACH, FL 32233**

**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 accept the obligations of registered agent.

SIGNATURE _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MEAGHER, KAREN M. 1876 SEA OATS DRIVE ATLANTIC BEACH, FL
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MEAGHER, MICHAEL P 1876 SEA OATS DRIVE ATLANTIC BEACH, FL
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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 any address, with all other like empowered.

SIGNATURE: *Karen M. Meagher* **Karen M. Meagher**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04
Date

904-249-4140
Daytime Phone #