

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	

U00000593466
01/22/07-80030-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Karen M. Meagher KAREN M. MEAGHER 1-16-07 904-249-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #