


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # V00293</b> 1. Entity Name FLAMINGO BROTHERS, INC.	
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Principal Place of Business 469 ATLANTIC BLVD., #10 ATLANTIC BEACH, FL 32233	Mailing Address 469 ATLANTIC BLVD., #10 ATLANTIC BEACH, FL 32233
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**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"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MEAGHER, MICHAEL P. 1876 SEA OATS DRIVE ATLANTIC BEACH, FL 32233	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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
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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 <i>Karen M. Meagher</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	KAREN M. MEAGHER VICE PRESIDENT	1-16-07 Date	904-249-4140 Daytime Phone #
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