### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: REBECCA CADY

Electronic Signature of Signing Officer/Director Detail

# Entity Name: FLOWER WORKS CO. **Current Principal Place of Business:**

510 N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084

## **Current Mailing Address:**

510 N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084

### FEI Number: 46-3949504

# Name and Address of Current Registered Agent:

CADY, REBECCA 510 N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084 US

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.

### SIGNATURE:

Electronic Signature of Registered Agent **Officer/Director Detail :** T:41 -Б

P	Title	VP
CADY, REBECCA	Name	CADY, RICHARD
510 N PONCE DE LEON BLVD	Address	510 N PONCE DE LEON BLVD
ST AUGUSTINE FL 32084	City-State-Zip:	ST AUGUSTINE FL 32084
	- ,	CADY, REBECCAName510 N PONCE DE LEON BLVDAddress

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P13000079338

## Certificate of Status Desired: No

01/09/2014

Date

FILED Jan 09, 2014 Secretary of State CC7841553037

Date