


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

|   |  |   |
|---|--|---|
| <b>DOCUMENT # 708839</b>                                  |  |  |
| 1. Entity Name<br><b>THE FLOWERSVIEW INDUSTRIAL, INC.</b> |  |   |

FILED

04 APR -5 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

|   |   |
|---|---|
| Principal Place of Business<br><b>THE FLOWERSVIEW COMMUNITY CENTER<br/>241 FLOWERSVIEW BLVD.<br/>LAUREL HILL FL 32567</b> | Mailing Address<br><b>1843 FLOWERS DRIVE<br/>LAUREL HILL FL 32567</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2974816</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional<br/>Fees Required</b> |  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>OATES, PATRICIA<br/>1843 FLOWERS DRIVE<br/>LAUREL HILL FL 32567</b> |
|---|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | Zip Code |

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ABDULLAH, TARIG<br>952 FLOWERSVIEW BLVD<br>LAUREL HILL FL 32567 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MILTON, MARIA<br>952 FLOWERSVIEW BLVD<br>LAUREL HILL FL 32567 <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>OATES, PATRICIA<br>1843 FLOWERS DR<br>LAUREL HILL FL 32567 <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>WILLIAMS, BERTHA<br>261 FLOWERSVIEW BLVD<br>LAUREL HILL FL 32567 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>WRIGHT, ULYSESSE<br>254 RICHARDSON RD<br>LAUREL HILL FL 32567 <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>BARNES, WILLIE M<br>254 RICHARDSON RD<br>LAUREL HILL FL 32567 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPD<br>Neal Oates, Sr.<br>1843 Flowers Drive<br>Laurel Hill, FL 32567 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 200031323782<br>03/29/04--01042--001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>***35.00                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 200031323782<br>04/15/04--01022--001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>***35.00                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 617, 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:** *Patricia Oates* *Patricia Oates* **401-04** **(850) 834-4990**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #