

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90077 002 \*\*\*150.00

<b>DOCUMENT # F50507</b> 1. Entity Name <b>THE FLOWER CONE, INC.</b>			
Principal Place of Business <b>CHRIS CHAPMAN</b> <b>11140 N. 30TH STREET</b> <b>TAMPA FL 33612</b>		Mailing Address <b>CHRIS CHAPMAN</b> <b>11140 N. 30TH STREET</b> <b>TAMPA FL 33612</b>	
2. Principal Place of Business - No P.O. Box # <b>10414 N. Woodmere Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 292785</b> Suite, Apt. #, etc.	
City & State <b>Tampa, Fla.</b>		City & State <b>Tampa, Florida</b>	
Zip <b>33617</b>		Zip <b>33687-2785</b>	
Country <b>USA</b>		Country	
4. FEI Number <b>59-2126938</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHAPMAN, CHRIS</b> <b>10414 N. WOODMERE RD</b> <b>TAMPA FL 33617</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Chris Chapman</u> <span style="float: right;">1/28/07</span> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT <b>CHAPMAN, CHRIS</b> <b>11140 N. 30TH STREET</b> <b>TAMPA FL 33612</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS <b>WARMACK, MARY</b> <b>11140 N. 30TH STREET</b> <b>TAMPA FL 33612</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Section 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: <u>Chris Chapman</u> <u>Chris Chapman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/6/07 (813) 985-1800 <small>Date Daytime Phone #</small>	

\* Please note address change