2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 04, 2004 8:00 am Secretary of State DOCUMENT # H92878 1. Entity Name 02-04-2004 90074 047 ***150 00 ZAHN'S FLOWERS, INC. Principal Place of Business Mailing Address 140 WINT'L SPEEDWAY W 94 BLVD 140 WINT'L SPEEDWAY W 94 BLVD 24007854 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-2638943 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **EMILEY VORGTLE** Box Number is Not Acceptable) Speed wa 965 SEVILLA AVE LAKE HELEN FL 32744 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE Voegtle, Emily Pate VOEGTLE, EMILY PATE NAME 140 W. Int'l Speedway Blud-Daytona Beach, FL 32114 STREET ADDRESS 965 SEVILLA AVE STREET ADDRESS LAKE HELEN FL 32744 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Voegtle, James William 140 W. Intil Speedway Blud. VOEGTLE, JAMES WILLIAM NAME NAME STREET ADDRESS 965 SEVILLA AVE STREET ADDRESS LAKE HELEN FL 32744 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE WALKER, ANJURANT NÁME NAME STREET ADDRESS 121 MASON PARK DR STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 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.

FILED