


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N20459	
1. Entity Name FULL FLOWER EDUCATION CENTER, INC.	

Principal Place of Business 9601 MICCOSUKEE RD LOT 86 TALLAHASSEE, FL 32309	Mailing Address 9601 MICCOSUKEE RD LOT 86 TALLAHASSEE, FL 32309
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DO NOT WRITE IN THIS SPACE

04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2800434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRIEDMIN, IRWIN 9601 MICCOSUKEE RD LOT 86 TALLAHASSEE, FL 32309

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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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OHLSSEN, MICHAEL 146 TEAL LANE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEINSTEIN, TAMARA 508 OAKLAND AVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTAINE, HAROLDO 150 PARKBROOK CIR TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, IRWIN 9601 MICCOSUKEE RD LOT 86 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARRA, MADELINE 150 PARKBROOK CIR TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: IRWIN FRIEDMAN *Irwin Friedman* APRIL 28 2005 (850) 878-8476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #