


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90013 007 ****61.25

DOCUMENT # N98000005518 1. Entity Name SHOWERS TO SUNFLOWERS, INC.					
Principal Place of Business 3407 GLORY ROAD QUINCY, FL 32353			Mailing Address P O BOX 1461 QUINCY, FL 32353		
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 NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOLLOMAN, TOMMISENIA W 1605 W ELM ST QUINCY, FL 32353				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				State FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
PD	HOLLOMAN, TOMMISENIA W	1605 W. ELM STREET	QUINCY, FL 32351	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	BELL, ETHEL L	206 VALLEY DRIVE	QUINCY, FL 32351	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	COWARD, ANNIE D	651 SOUTH 9TH STREET	QUINCY, FL 32351	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	ELIAS, RAYFIELD	440 CIRCLE DR	QUINCY, FL 32351	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	WATSON, MAGGIE	516 THOMAS ST	QUINCY, FL 32351	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
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"/> 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: <i>Tommisenia W. Holloman</i>			Tommisenia W. Holloman		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 5/12/04		
			Daytime Phone # 850-856-5798		