

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90028 006 ****61.25

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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**



02052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLLOMAN, TOMMISENIA W
1605 W ELM ST
QUINCY, FL 32353**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HOLLOMAN, TOMMISENIA W
1605 W. ELM STREET
QUINCY, FL 32351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BELL, ETHEL L
206 VALLEY DRIVE
QUINCY, FL 32351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELIAS, RAYFIELD
440 CIRCLE DR
QUINCY, FL 32351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WATSON, MAGGIE
516 THOMAS ST
QUINCY, FL 32351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Tommisenia W. Holloman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05
Date

850-856-5798
Daytime Phone #