


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005518</b>		
1. Entity Name <b>SHOWERS TO SUNFLOWERS, INC.</b>		
Principal Place of Business <b>3407 GLORY ROAD QUINCY, FL 32353</b>	Mailing Address <b>P O BOX 1461 QUINCY, FL 32353</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HOLLOMAN, TOMMISENIA W 1605 W ELM ST QUINCY, FL 32353</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>4/20/07</i> <i>850-856-5798</i> <small>Date Daytime Phone #</small>



04212007 No Chg-NP CR2E037 (4/06)

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

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05/08/07-80003-003 61.25

**DO NOT WRITE  
IN THIS SPACE**