


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P00000091170 1. Entity Name FLOWER HOUSE III, INC. |  |
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| Principal Place of Business 7260 FOREST OAKS BLVD SPRING HILL, FL 34606 | Mailing Address 7260 FOREST OAKS BLVD SPRING HILL, FL 34606 |
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DO NOT WRITE IN THIS SPACE



02082008 No Chg-P CR2E034 (11/05)

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|---|-----------------------------------|
| 4. FEI Number 59-3674965 | 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

TAVOLARO, ALBERT F
7260 FOREST OAKS BLVD
SPRING HILL, FL 34606

**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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

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| FILE NOW!!! FEE IS \$160.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000827891 02/22/08-80008-016 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAVOLARO, ALBERT F 4517 NEPTUNE DR HERNANDO BEACH, FL 34607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAVOLARO, SANDRA 4517 NEPTUNE DR HERNANDO BEACH, FL 34607 |
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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 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.

SIGNATURE: *Albert F. Tavoraro* **2/11/08** **352 6864180**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #