

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90392 031 ***150.00

DOCUMENT # P01000001039

1. Entity Name

WALLFLOWERS DESIGN CENTER, INC.



Principal Place of Business

1115 VIDINA PL
OVIEDO FL 32765

Mailing Address

1115 VIDINA PL
OVIEDO FL 32765

2. Principal Place of Business

1620 S. ORLANDO AVE
Suite, Apt. #, etc.

3. Mailing Address

1620 S ORLANDO AVE
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

MAITLAND Fla.

City & State

MAITLAND Fla.

4. FEI Number

59-3709238

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32751

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLAVIN, GRACE A
1340 TUSCAWILLA ROAD STE 106
WINTER SPRINGS FL 32708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CONCOCHALLA, CATHY
STREET ADDRESS 215 CHESTNUT RIDGE STREET
CITY-ST-ZIP WINTER SPRINGS FL 32708-4343

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 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:

Cathy Concochalla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathy Concochalla

4-19-04 407-539-2761

Date

Daytime Phone #