


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 22, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # P01000001039</b>					
1. Entity Name <b>WALLFLOWERS DESIGN CENTER, INC.</b>					
Principal Place of Business <b>1620 S. ORLANDO AVE. MAITLAND FL 32751</b>			Mailing Address <b>1620 S. ORLANDO AVE. MAITLAND FL 32751</b>		
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 <b>59-3709238</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>GLAVIN, GRACE A 1340 TUSCAWILLA ROAD STE 106 WINTER SPRINGS FL 32708</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	



1st MOORE CR2E034 (10/04)

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	CONCOCHALLA, CATHY	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		215 CHESTNUT RIDGE STREET		NAME			
STREET ADDRESS		WINTER SPRINGS FL 32708-4343		STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
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NAME				NAME			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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 Conochalla* CATHY CONOCHALLA 4-11-05 407-539-2261