


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000072925</b> 1. Entity Name <b>SUNFLOWER SCRAPBOOKS, INC.</b>	
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Principal Place of Business <b>6020 NW 4 PL, STE D GAINESVILLE, FL 32607</b>	Mailing Address <b>6020 NW 4 PL, STE D GAINESVILLE, FL 32607</b>
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08092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3730059</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**TRUNNELL, CATHERINE E  
6020 NW 4 PL, STE D  
GAINESVILLE, FL 32607**

**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 *Catherine Trunnell* DATE 8/9/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>O TRUNNELL, CATHERINE 6116 NW 44TH DL GAINESVILLE, FL 32606</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>O TRUNNELL, GREGORY 6116 NW 44TH DL GAINESVILLE, FL 32606</b>
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09/29/04-80001-007 150.00

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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: *Catherine Trunnell* DATE 8/9/04 DAYTIME PHONE # 352-224-8376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR