

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-04-2006 90230 049 ***150.00

DOCUMENT # P01000089611 1. Entity Name FLOW-RICH INVESTMENTS, INC.			
Principal Place of Business 6836 WASHINGTON STREET NEW PORT RICHEY, FL 34552		Mailing Address 6836 WASHINGTON STREET NEW PORT RICHEY, FL 34552	
2. Principal Place of Business 1415 MAIN STREET Suite, Apt #, etc		3. Mailing Address SAMES Suite, Apt #, etc	
City & State DUNEDIN, FL 34698 Zip Country		City & State SAME Zip Country	
4. FEI Number 59-3744036		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERONA LAW GROUP, P.A. 7235 CENTRAL AVE ST PETERSBURG, FL 33707		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature typed or printed name of registered agent (if not applicable) (NOTE: Registered Agent signature required when not applicable)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P SONNENBERG, RICHARD 6836 WASHINGTON STREET NEW PORT RICHEY, FL 34552	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1415 MAIN STREET DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONNENBERG, FLORENCE 6836 WASHINGTON STREET NEW PORT RICHEY, FL 34552	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1415 MAIN STREET DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I, the undersigned, certify that the information furnished in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE: <i>Richard Sonnenberg</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>6-16-06</i> (727) 642-9632	