

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000044570

1. Entity Name
FLOWERS TRUCKING INC.



FILED

06 JUN 22 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6720 WEST VIRGINIA COURT
JACKSONVILLE, FL 32209

Mailing Address
6720 WEST VIRGINIA COURT
JACKSONVILLE, FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06192006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-2551510

Applied For
Not Applicable

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

FLOWERS, BLAND G SR
6720 WEST VIRGINIA COURT
JACKSONVILLE, FL 32209

Name Robert Leon Flowers Sr.

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

6720 West Virginia Court

City Jacksonville

FL

Zip Code 32209

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 *Robert Flowers*

6-19-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 P
NAME FLOWERS, BLAND G SR
STREET ADDRESS 6720 WEST VIRGINIA COURT
CITY-ST-ZIP JACKSONVILLE, FL 32209 ☒ Delete

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

TITLE VP
NAME FLOWERS, ROBERT L SR
STREET ADDRESS 6720 WEST VIRGINIA COURT
CITY-ST-ZIP JACKSONVILLE, FL 32209 ☐ Delete

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

TITLE OFF
NAME SALTER, STEVIE A
STREET ADDRESS 1737 E BEAVER ST
CITY-ST-ZIP JACKSONVILLE, FL 32202 ☒ Delete

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

TITLE OFF
NAME WILLIAMS, DAVID A
STREET ADDRESS 142 DRYSDALE ST
CITY-ST-ZIP JACKSONVILLE, FL 32206 ☒ Delete

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

TITLE OFF
NAME ANDERSON, TONY A
STREET ADDRESS 756 CALVERT ST
CITY-ST-ZIP JACKSONVILLE, FL 32208 ☒ 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 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: *Robert Flowers*

6/19/06

904-764-7135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel JUN 27 2006