


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90021 023 \*\*\*150.00

<b>DOCUMENT # P06000004981</b> 1. Entity Name <b>FLOWER POWER BY TRACY, INC.</b>					
Principal Place of Business <b>4430 HANCOCK BDGE PKWY NORTH FORT MYERS, FL 33903</b>			Mailing Address <b>3028 SW 4TH AVE CAPE CORAL, FL 33914</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-3829068</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MILLER, LAURA M 4239-104 LIRON AVE FORT MYERS, FL 33916</b>			7. Name and Address of New Registered Agent Name <b>Ann Sherwood-Palmer</b> Street Address (P.O. Box Number is Not Acceptable) <b>3028 SW 4th Ave</b> City <b>CAPE CORAL</b> FL Zip Code <b>33914</b>		
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: <u><i>A.D. Sherwood - Palmer</i></u> <b>A.A. SHERWOOD - PALMER</b> <u><i>OWNER</i></u> <u><i>4/1/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D SHERWOOD-PALMER, ANN 3028 SW 4TH AVE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, LAURA M 4239-104 LIRON AVE FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Palmer, Philip 3028 SW 4th Ave CAPE CORAL FL 33914	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u><i>A.D. Sherwood - Palmer</i></u> <u><i>4/1/08</i></u> <u><i>239 997 1033</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>A.A. SHERWOOD - PALMER</b> <b>OWNER</b>					