

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000015738

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLOWERS PERSON PROTECTION & BOUNCES INC

**Current Principal Place of Business:**

11611 NW 216TH STREET  
MIAMI, 33170

**New Principal Place of Business:**

11611 NW 216TH STREET  
MIAMI, FL 33170

**Current Mailing Address:**

6902 SW 42ND PL  
GAINESVILLE, FL 32608

**New Mailing Address:**

6902 SW 42 PLACE  
GAINESVILLE, FL 32608

**FEI Number:** 27-3656074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLOWERS, MORRIS  
6902 SW 42ND PLACE  
GAINESVILLE 323608, FL 32608 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FLOWERS, MORRIS  
Address: 6902 SW 42ND PLACE  
City-St-Zip: MIAMI, FL 32608

Title: VP  
Name: FLOWERS, CHARLES  
Address: 1451 NW 68TH TERR  
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MORRIS FLOWERS

RA

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date