


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000007856</b> 1. Entity Name <b>FLOWERS BY BILL, INCORPORATED</b>			
Principal Place of Business <b>3578 ST JOHNS AVE JACKSONVILLE, FL 32205</b>		Mailing Address <b>3578 ST JOHNS AVE JACKSONVILLE, FL 32205</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		4. FEI Number <b>59-3157064</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>LEAS, MICHAEL R ONE INDEPENDENT DR SUITE 2600 JACKSONVILLE, FL 32202</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BRYANT, PAUL 315 LONG BRANCH BLVD JACKSONVILLE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS GROSS, WILLIAM F 315 LONG BRANCH BLVD JACKSONVILLE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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: <u>Paul R. Bryant</u> <b>PAUL R. BRYANT</b>		4-19-04 904388-0524	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	