2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P93000015363 02-10-2005 90053 041 ***158.75 1. Entity Name FLOWERS CENTRAL, INC. Principal Place of Business Mailing Address 130 S CHARLES ST 130 S CHARLES ST 50013159 DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01112005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3172641 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUCAS, LAWRENCE E Street Address (P.O. Box Number is Not Acceptable) 130 S CHARLES ST DAYTONA BEACH, FL 32114 City Zip Code Fl 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PREGIDENT Lucas, Beth A. 130 S. Charles St TITLE TITLE ☐ Delete LUCAS, LAWRANCE E. NAME NAME STREET ADDRESS 130 S. CHARLES ST STREET ADDRESS CITY-ST-ZIP DAYTONA BCH, FL CITY-ST-ZIP Daytona Beach, FL 321 VICE - PRESIDENT Change ☐ Addition ☐ Delete TITLE TITLE Lucas, Lawrance E 130 J. Charles St. LUCAS, BETH NAME NAME 130 S. CHARLES ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DAYTONA BCH, FL ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS White come will CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Feb 10, 2005 8:00 am