

## ANNUAL REPORT (AR)

DOCUMENT # P93000031178

1. Entity Name

DON FLOWERS, INC.



**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
 3264 HARGROVE STREET  
 SPRING HILL FL 34606

Mailing Address  
 3264 HARGROVE STREET  
 SPRING HILL FL 34606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City &amp; State

City &amp; State

4. FEI Number

59-3175100

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FLOWERS, DONALD L  
 3264 HARGROVE STREET  
 SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00****After May 1, 2005 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete  
 NAME FLOWERS, DONALD L  
 STREET ADDRESS 3264 HARGROVE STREET  
 CITY- ST- ZIP SPRING HILL FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE ☐ Delete  
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 CITY- ST- ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 04/21/05-80014-019 150.00

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 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)(f), 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:

*Donald P. Flowers*  
 DONALD L. FLOWERS

4/8/05 352-6830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #