

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000078409

Entity Name: SUE & JIM FLOWERS, INC.

FILED
Aug 07, 2007
Secretary of State

Current Principal Place of Business:

1660 LAKESIDE DRIVE
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

1660 LAKESIDE DRIVE
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3346178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOWERS, JAMES A
1660 LAKESIDE DR.
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

FLOWERS, SUSAN
1660 LAKESIDE DR.
TARPON SPRINGS, FL 34688 US

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: SUSAN FLOWERS

08/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLOWERS, JAMES A
Address: 1660 LAKESIDE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: FLOWERS, SUSAN
Address: 1660 LAKESIDE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: STERN, IDA LAVERNE
Address: 1660 LAKESIDE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IDA LAVERNE STERN

D

08/07/2007

Electronic Signature of Signing Officer or Director

Date