


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90229 030 ***150.00

DOCUMENT # P99000092398

1. Entity Name
THE FLOWER BRIDGE, INC.



Principal Place of Business
**23720 COUNTY ROAD 44A
 EUSTIS, FL 32736**

Mailing Address
**23720 COUNTY ROAD 44A
 EUSTIS, FL 32736**

14010713

2. Principal Place of Business
16411 W. CR 326
 Suite, Apt. #, etc.

3. Mailing Address
16411 W. CR 326
 Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State
MORRISTON FL

City & State
MORRISTON FL

Zip
32668 Country
MARION

Zip
32668 Country
MARION

4. FEI Number
57-1136119

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOLAVER, THOMAS H
 23720 COUNTY ROAD 44A
 EUSTIS, FL 32736**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/>
NAME	WOLAVER, THOMAS	
STREET ADDRESS	23720 COUNTY ROAD 44A	
CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE	ST	<input type="checkbox"/>
NAME	WOLAVER, MARY	
STREET ADDRESS	23720 COUNTY ROAD 44A	
CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(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: Thomas H Wolaver **4/27/04 352538 9931**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas H Wolaver Daytime Phone #