


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S55116 1. Entity Name FLOWER EXPRESS UNLIMITED, INC.	
--	---

Principal Place of Business 2504 N. MAIN JACKSONVILLE, FL 32206-3757 US	Mailing Address 2504 N. MAIN JACKSONVILLE, FL 32206-3757 US
---	---

DO NOT WRITE IN THIS SPACE



05302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3070019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, LINDA
2504 N MAIN ST
JACKSONVILLE, FL 32206

**DO NOT WRITE
IN THIS SPACE**

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 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAMBERS, LINDA 2504 N MAIN ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAMBERS, JAY 2504 N MAIN ST JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, TRAVIS 2504 N MAIN ST JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000566503
06/01/06-80003-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Linda Chambers* **LINDA CHAMBERS** 5-30-06 904-353-3278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #