

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S55116

FILED
Apr 26, 2007
Secretary of State

Entity Name: FLOWER EXPRESS UNLIMITED, INC.

Current Principal Place of Business:

2504 N. MAIN
JACKSONVILLE, FL 322063757 US

New Principal Place of Business:

Current Mailing Address:

2504 N. MAIN
JACKSONVILLE, FL 322063757 US

New Mailing Address:

FEI Number: 59-3070019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERS, LINDA
2504 N MAIN ST
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHAMBERS, LINDA
Address: 2504 N MAIN ST
City-St-Zip: JACKSONVILLE, FL

Title: V () Delete
Name: CHAMBERS, JAY
Address: 2504 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: V () Delete
Name: DAVIS, TRAVIS
Address: 2504 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHAMBERS, LINDA
Address: 2504 N MAIN ST
City-St-Zip: JACKSONVILLE, FL

Title: V P (X) Change () Addition
Name: CHAMBERS, JAY
Address: 2504 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: V P (X) Change () Addition
Name: DAVIS, TRAVIS
Address: 2504 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA CHAMBERS

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date