2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S55116

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

2504 N MAIN ST

DAVIS, TRAVIS

2504 N MAIN ST

VΡ

JACKSONVILLE, FL 32206

JACKSONVILLE, FL 32206

() Delete

FILED Apr 30, 2008 Secretary of State

| Entity Nai | me: FLOWEI | R EXPRESS UNLIMITED |), INC. | | | |
|---|--|------------------------------|---|--|---------------------------------|----------|
| Current P | rincipal Plac | e of Business: | New Prince | New Principal Place of Business: | | |
| 2504 N. M. JACKSON | AIN VILLE, FL 32 | 2063757 US | | | | |
| Current Mailing Address: | | | New Mail | New Mailing Address: | | |
| 2504 N. M. JACKSON | AIN VILLE, FL 32 | 2063757 US | | | | |
| FEI Number: | : 59-3070019 | FEI Number Applied For | () FEI Number Not App | olicable () | Certificate of Status Desired | I() |
| Name and | Address of | Current Registered Age | ent: Name and | Name and Address of New Registered Agent: | | |
| CHAMBER 2504 N MA JACKSON | | 206 US | | | | |
| | named entity of Florida. | submits this statement for | or the purpose of changing | its registered | l office or registered agent, o | or both, |
| SIGNATUR | RE: | | | | | |
| | Electro | nic Signature of Register | ed Agent | | Date | |
| Election Car | npaign Financir | ng Trust Fund Contribution (|). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | P (CHAMBERS, I 2504 N MAIN : JACKSONVILI | ST | Title: Name: Address: City-St-Zip: | CHAMBERS, 2504 N MAIN | | |
| Title: Name: | V P (CHAMBERS, J |) Delete JAY | Title: Name: | | () Change () Addition | |

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

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

SIGNATURE: LINDA CHAMBERS **PRES** 04/30/2008

above, or on an attachment with an address, with all other like empowered.

() Change () Addition