# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # S99927**

1. Entity Name
DUANE A. FLOWERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5205 CUMBERLAND DRIVE<br>TAMPA, FL 33617 | 5205 CUMBERLAND DRIVE<br>TAMPA, FL 33617 |

## DO NOT WRITE IN THIS SPACE

01122007    No Chg-P    CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 59-3105242 | Not Applicable |

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

### 6. Name and Address of Current Registered Agent

FLOWERS, PAUL
5205 CUMBERLAND DRIVE
TAMPA, FL 33617

## 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 _____

Signature, typed or printed name of registered agent and title if applicable    (NOTE Registered Agent signature required when reinstating)    DATE

| **FILE NOW!!! FEE IS $150.00**<br>**After May 1, 2007 Fee will be $550.00** | 9. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |
|---|---|---|---|

**10.                OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | D |
| NAME | FLOWERS, PAUL E |
| STREET ADDRESS | 5205 CUMBERLAND DRIVE |
| CITY-ST-ZIP | TAMPA, FL |
| TITLE | D |
| NAME | FLOWERS, DUANE A |
| STREET ADDRESS | 5205 CUMBERLAND DRIVE |
| CITY-ST-ZIP | TAMPA, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000650543
03/08/07-80017-024 150.00

## 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:** _Duane A. Flowers_ DUANE A. FLOWERS    2-23-07 (813) 68/0084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #