

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07055

FILED  
Aug 01, 2005  
Secretary of State

Entity Name: W.F. FLOWERS AND ASSOCIATES INCORPORATED

## Current Principal Place of Business:

656 REMINGTON FOREST DR  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

985 MISTY MOUNTAIN DRIVE WEST  
JACKSONVILLE, FL 32225

## Current Mailing Address:

656 REMINGTON FOREST DR  
JACKSONVILLE, FL 32259

## New Mailing Address:

985 MISTY MOUNTAIN DRIVE WEST  
JACKSONVILLE, FL 32225

FEI Number: 65-0530728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FLOWERS, W.E.  
656 REMINGTON FOREST DR  
JACKSONVILLE, FL 32259 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FLOWERS, W.F.,  
Address: 10135 GATE PARKWAY N #1616  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: FLOWERS, W.E.,  
Address: 656 REMINGTON FOREST DR.  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FLOWERS, W.F.,  
Address: 985 MISTY MOUNTAIN DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WADE F. FLOWERS

CEO

08/01/2005

Electronic Signature of Signing Officer or Director

Date