

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07055

FILED
Jan 03, 2007
Secretary of State

Entity Name: W.F. FLOWERS AND ASSOCIATES INCORPORATED

Current Principal Place of Business:

985 MISTY MOUNTAIN DRIVE WEST
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

985 MISTY MOUNTAIN DRIVE WEST
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 65-0530728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FLOWERS, W.E.,
Address: 940 LAWHON
City-St-Zip: JACKSONVILLE, FL 32259

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: W.F. FLOWERS SR

CEO

01/03/2007

Electronic Signature of Signing Officer or Director

Date