

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000047002

**FILED**  
**Feb 02, 2016**  
**Secretary of State**  
**CC0673799374**

**Entity Name:** BARBARA FLOWERS FINE ART INC

**Current Principal Place of Business:**

311 WILLOW WAY  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

P.O. BOX 40198  
PANAMA CITY, FL 32403 US

**FEI Number: 45-2508764**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FLOWERS, BARBARA E  
311 WILLOW WAY  
LYNN HAVEN, FL 32444 US

*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

**Officer/Director Detail :**

Title P  
Name FLOWERS, BARBARA E  
Address 311 WILLOW WAY  
City-State-Zip: LYNN HAVEN FL 32444

Title VP  
Name FLOWERS, JERRY E  
Address 311 WILLOW WAY  
City-State-Zip: LYNN HAVEN FL 32444

*I hereby 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 all other like empowered.*

**SIGNATURE: JERRY FLOWERS**

**VP**

**02/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date