


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000000428
 1. Entity Name
 CONTINENTAL WHOLESAL FLORISTS, INC.



Principal Place of Business
 11122 IOTA DR.
 SAN ANTONIO, TX 78217

Mailing Address
 11122 IOTA DR.
 SAN ANTONIO, TX 78217

DO NOT WRITE IN THIS SPACE



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number 74-1360777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PAUL, HARLAN L ESQUIRE
 431 E. NEW YORK AVENUE
 DELAND, FL 32721-2087

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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVERETT, LARSON 11122 IOTA DRIVE SAN ANTONIO, TX 78217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EVERETT, JEROME 11122 IOTA DRIVE SAN ANTONIO, TX 78217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EVERETT, JAMES 11122 IOTA DRIVE SAN ANTONIO, TX 78217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EVERETT, NURIA 11122 IOTA DRIVE SAN ANTONIO, TX 78217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/19/04-80018-003 155.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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:  JP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/13/04 Daytime Phone #: 210-654-6543