


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000000428

1. Entity Name
CONTINENTAL WHOLESALE 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



08252005 No Chg-P CR2E034 (10/03)

4. FEI Number
74-1360777

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

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

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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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 08/30/05-80002-007 150.00

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. 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: *Jerome Everett* **Jerome Everett** 8/25/05 (210)654-6543

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