


FILED
Jul 01, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L29084
 1. Entity Name
BLOOMING CRAZY FLORIST, INC.



Principal Place of Business
 6644 OLD WINTER GARDEN RD
 ORLANDO, FL 32835-1231

Mailing Address
 6644 OLD WINTER GARDEN RD
 ORLANDO, FL 32835-1231



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2976592

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MUEHLMAYER, IRMGARD M.
7832 WARDEN DR
ORLANDO, FL 32811

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUEHLMAYER, IRMGARD M. 7832 WARDEN DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOROSKI, JAMES J. 7832 WARDEN DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUEHLMAYER, IRMGARD M. 7832 WARDEN DR ORLANDO, FL
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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)(i), 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: [Signature] 6-29-05 407-298-5524
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

IRMGARD MUEHLMAYER