


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L29084 1. Entity Name BLOOMING CRAZY FLORIST, INC.	
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Principal Place of Business 6644 OLD WINTER GARDEN RD ORLANDO, FL 32835-1231	Mailing Address 6644 OLD WINTER GARDEN RD ORLANDO, FL 32835-1231
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DO NOT WRITE IN THIS SPACE



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2976592	Applied For: Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MUEHLMAYER, IRMGARD M. 7632 WARDEN DR ORLANDO, FL 32811
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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MUEHLMAYER, IRMGARD M. 7632 WARDEN DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPO BOROSKI, JAMES J. 7632 WARDEN DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SO MUEHLMAYER, IRMGARD M. 7632 WARDEN DR ORLANDO, FL
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05/08/08-80014-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a) other like empowered.

SIGNATURE: *J. Muehlmeier* 4/10/08 407-298-5524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #