

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013172

FILED  
Apr 12, 2004  
Secretary of State

Entity Name: S & M FLORALS, INC.

**Current Principal Place of Business:**

981 EAST SAN GALLIO BLVD  
STE B  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

981 EAST EAU GALLIE BLVD  
STE B  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

981 EAST SAN GALLIO BLVD  
STE B  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

981 EAST EAU GALLIE BLVD  
STE B  
SATELLITE BEACH, FL 32937

FEI Number: 01-0596068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYNCH, STEPHANIE  
1683 BURGUNDY ST. SE  
PALM BAY, FL 32909 US

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

LYNCH, STEPHANIE  
1683 BURGUNDY ST. SE  
PALM BAY, FL 32909 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: STEPHANIE LYNCH

04/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: LYNCH, STEPHANIE  
Address: 1683 BURGUNDY STREET SE  
City-St-Zip: PALM BAY, FL 32909

Title: VTD ( ) Delete  
Name: ENRIQUEZ, MARK  
Address: 3350 N RIVERSIDE DR  
City-St-Zip: INDIALANTIC, FL 32909

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEPHANIE LYNCH

PSD

04/12/2004

Electronic Signature of Signing Officer or Director

Date