


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000013172
 1. Entity Name
 S & M FLORALS, INC.



Principal Place of Business 981 EAST EAU GALLIE BLVD STE B SATELLITE BEACH, FL 32937	Mailing Address 981 EAST EAU GALLIE BLVD STE B SATELLITE BEACH, FL 32937
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DO NOT WRITE IN THIS SPACE



05242005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0596068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 LYNCH, STEPHANIE
 1683 BURGUNDY ST. SE
 PALM BAY, FL 32909

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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: *Stephanie Lynch* DATE: *05/24/05*

Signature based on Florida registration of registered agent and file if applicable (NOLR: 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	PSD LYNCH, STEPHANIE 1683 BURGUNDY STREET SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ENRIQUEZ, MARK 3350 N RIVERSIDE DR INDIALANTIC, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/31/05-80006-004 150.00

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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)(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: *Stephanie Lynch* DATE: *05/24/05* 321-*05779-8310*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #