


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90001 031 \*\*\*150.00

**DOCUMENT # P96000034580**

1. Entity Name  
**SIESTA FLOWERS, INC.**



Principal Place of Business      Mailing Address


**2123 SIESTA DR.  
 SARASOTA, FL 34239 US**      **46 NORTH WASHINGTON BLVD  
 SUITE 1  
 SARASOTA, FL 34236**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



03232004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**65-0660241**      Not Applicable

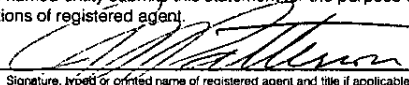
5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**PATTERSON, JOHN  
 46 NORTH WASHINGTON BOULEVARD  
 SUITE #1  
 SARASOTA, FL 34236**

Name  
**LPS CORPORATE SERVICES, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**46 N. WASHINGTON BLVD.  
 SUITE 1**  
 City      State      Zip Code  
**SARASOTA      FL      34236**

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 **3/24/04**

By: **JOHN PATTERSON, Its President**      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSPT CREIGHTON, G. JAMES III 2123 SIESTA DR. SARASOTA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

SIGNATURE:       (941) 953-4141

**G. JAMES CREIGHTON III, President**      Date      Daytime Phone #