


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # V65154
 1. Entity Name
HERSHEY FLORISTS, INC.



Principal Place of Business 813 13TH ST ST CLOUD, FL 34769	Mailing Address 813 13TH ST ST CLOUD, FL 34769
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3142483	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 VISCOMI, JAMI S
 813 13TH ST
 ST CLOUD, FL 34769

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
After May 1, 2004 Fee will be \$550.00

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

U00000030318
 02/04/04-80104-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D	NAME REEG, MIRIAM J	STREET ADDRESS 813 13TH ST	CITY-ST-ZIP ST CLOUD, FL
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TITLE PD	NAME VISCOMI, JAMI S	STREET ADDRESS 813 13TH ST	CITY-ST-ZIP ST CLOUD, FL
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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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: Jami Viscomi Date: 1-29-04 Daytime Phone #: 407-882-3210