


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000072866**

1. Entity Name  
**MICK'S FLOWER BOX, INC.**



Principal Place of Business <b>101 VENICE AVE. WEST, SUITE 10          VENICE, FL 34285</b>	Mailing Address <b>101 VENICE AVE. WEST, SUITE 10          VENICE, FL 34285</b>
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**DO NOT WRITE IN THIS SPACE**



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1129538</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, GREGORY C ESQ.  
 341 VENICE AVE. WEST  
 VENICE, FL 34285**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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

U00000127227  
 04/23/04-80064-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS HARTLEY, GLADYS R 101 VENICE AVE. WEST, SUITE 10 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROUVET, MARIJANE D 101 VENICE AVE. WEST, SUITE 10 VENICE, FL 34285
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **4/20/04** **941-485-8220**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #