


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000016626 1. Entity Name B-HIVE FLOWERS & GIFTS, INC.	
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Principal Place of Business 720 NORTH 15TH STREET IMMOKALEE, FL 34142	Mailing Address 720 NORTH 15TH STREET IMMOKALEE, FL 34142
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01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3499410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  STARLING, BERNADETTE 720 N 15 ST IMMOKALEE, FL 34142
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**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STARLING, HENRY BENSON JR 720 N 15TH ST IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STARLING, BERNADETTE 720 N 15TH ST IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STARLING, HENRY BENSON III P.O. BOX 2857 N/A PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000263555  
03/14/05-80098-018 150.00

**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: Bernadette Starling Bernadette Starling 3-10-05 239-657-5102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #