

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000016626

1. Entity Name

B-HIVE FLOWERS & GIFTS, INC.



Principal Place of Business

720 NORTH 15TH STREET
IMMOKALEE, FL 34142

Mailing Address

720 NORTH 15TH STREET
IMMOKALEE, FL 34142



04012008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3499410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/22/08-80094-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/10/08 2396575102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #