

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90093 044 ***150.00

DOCUMENT # 313597

1. Entity Name

OLD TOWN FLOWER SHOPS, INC.



Principal Place of Business

1930 N. DIXIE (W. PALM BEACH, FL 3340
P.O. BOX 527
PALM BEACH FL 33480

Mailing Address

P.O. BOX 527
PALM BEACH FL 33480

50022007



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

36-2606847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENDRIES, ALLAN J.
429-25TH ST
WEST-PALM-BEACH FL 33407

8448 LEGEND CLUB DR

WAB 33412

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8448 LEGEND CLUB DR

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DAVENPORT, LEO C.
STREET ADDRESS 26 VIA AURELIA
CITY-ST-ZIP PALM BEACH GA

TITLE VD ☐ Delete
NAME ENDRIES, ALLAN J.
STREET ADDRESS 429-27TH ST
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE SD ☐ Delete
NAME JOHNS, TED A
STREET ADDRESS 515-30TH ST.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 8448 LEGEND CLUB DR
STREET ADDRESS W PALM BEACH FL
CITY-ST-ZIP 33412

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ALLAN J ENDRIES

Allan J Endries

1-19-05

(561) 655-3351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #