

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 387518

FILED  
Aug 30, 2005  
Secretary of State

Entity Name: HERITAGE FLOWERS, INC.

**Current Principal Place of Business:**

1051 SW 6TH AVE  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

1051 SW 6TH AVE  
OCALA, FL 34474 US

**New Mailing Address:**

FEI Number: 59-1364364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARRISH, ROBERT H  
1051 SW 6TH AVE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PARRISH, ROBERT H.,  
Address: 1051 SW 6TH AVE.  
City-St-Zip: OCALA, FL

Title: STD ( ) Delete  
Name: SPARKMAN, C. LAVAR,  
Address: 10688 S.E. 134TH ST.  
City-St-Zip: OCKLAWAHA, FL

Title: D (X) Delete  
Name: SPARKMAN, PEGGY L.,  
Address: 10688 S.E. 134TH ST.  
City-St-Zip: OCKLAWAHA, FL

Title: D (X) Delete  
Name: PARRISH, REBA E.,  
Address: 1051 SW 6TH AVE.  
City-St-Zip: OCALA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PARRISH, ROBERT H  
Address: 1051 SW 6TH AVE.  
City-St-Zip: OCALA, FL 34474 US

Title: STD (X) Change ( ) Addition  
Name: PARRISH, REBA E  
Address: 1051 SW 6TH AVE.  
City-St-Zip: OCALA, FL 34474 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H. PARRISH

P

08/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date