


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 400496</b>	
1. Entity Name NORTHSIDE FLORIST, INC.	

Principal Place of Business 13642 N FLORIDA AVE TAMPA, FL 33613-0215	Mailing Address 13642 N FLORIDA AVE TAMPA, FL 33613-0215
--	--

**DO NOT WRITE IN THIS SPACE**



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1559268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

THOMAS, ALENE S  
1016 CEDAR LAKE DRIVE  
TAMPA, FL 33612

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, ALENE S 1016 CEDAR LAKE DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, KENNETH T 1016 CEDAR LAKE DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILBERT, KATHERINE THOMAS 13332 MORAN DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, JESSICA 1016 CEDAR LAKE DR TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000101338  
04/02/04-80008-021 150.00

**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)(f), 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:** *Kathy T. Gilbert* *Treasurer* *3-29-04* *0132641911*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #