

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 483157

1. Entity Name
JANIE BEANE FLORIST, INC.



Principal Place of Business

4100 EAST BAY DRIVE, #B-36
CLEARWATER, FL 33764

Mailing Address

4100 EAST BAY DRIVE, #B-36
CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

**FILED
Apr 24, 2006 8:00 am
Secretary of State**

04-24-2006 90414 043 ***150.00

40059782



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1615424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**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: *X* *Dee Cushing*

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

(NOTE: Registered Agent signature required when reinstating)

4/14/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**DO NOT WRITE
IN THIS SPACE**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	CUSHING, LU B
STREET ADDRESS	2069 ASHBURY DR.
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	ST
NAME	BEANE, ALFRED E
STREET ADDRESS	225 S. GARDEN CIRCLE
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	P
NAME	BEANE, JANIE
STREET ADDRESS	225 S GARDEN CIR
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *X* *Dee Cushing*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 (727) 536-0429

Date

Daytime Phone #