

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-24-2006 90414 043 ***150.00

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**

40059782



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1615424

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CUSHING, LU B
2069 ASHBURY DRIVE
CLEARWATER, FL 33764**

**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 *Lu B Cushing* (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

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	

**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: *Lu B Cushing*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 (727) 536-0429
Date Daytime Phone #