

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 487834

FILED
Jan 23, 2004
Secretary of State

Entity Name: AMERICAN FLORAL COMPANY

Current Principal Place of Business:

1910 PARK MEADOW DR.
P.O. BOX 7023
FT MYERS, FL 33911

New Principal Place of Business:

Current Mailing Address:

1910 PARK MEADOW DR.
P.O. BOX 7023
FT MYERS, FL 33911

New Mailing Address:

FEI Number: 59-1697158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIS, MARY NAN
1910 PARK MEADOW DRIVE
FORT MYERS, FL 33907 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STACHEL, JOSEPH A
Address: 1910 PARK MEADOW DRIVE
City-St-Zip: FT MYERS, FL

Title: VRA () Delete
Name: ELLIS, MARY NAN,
Address: 1910 PARK MEADOW DRIVE
City-St-Zip: FORT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VRA (X) Change () Addition
Name: PLEVA, MARI R
Address: 1910 PARK MEADOWS DRIVE
City-St-Zip: FT. MYERS, FL 33907 US

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: MARI ROXANNE PLEVA

VRA

01/23/2004

Electronic Signature of Signing Officer or Director

Date