


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 18, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 511738</b><br>1. Entity Name<br>FLORIDA FLORAL SUPPLY, INC. |  |
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| Principal Place of Business<br>166 W. ECHO STREET (ZIP-32080)<br>P.O. BOX 128<br>PIERSON, FL 32180 | Mailing Address<br>166 W. ECHO STREET (ZIP-32080)<br>P.O. BOX 128<br>PIERSON, FL 32180 |
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01052004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>59-1677931 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
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| 8. Name and Address of Current Registered Agent<br><br>NOLL, PAMELA L<br>1060 E. WASHINGTON AVE.<br>PIERSON, FL 32180 |
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9. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$350.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | U000000091385<br>03/18/04-P00006-022 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>NOLL, RICHARD H<br>1060 E. WASHINGTON AVE.<br>PIERSON, FL 32180 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>NOLL, PAMELA L<br>1060 E. WASHINGTON AVE.<br>PIERSON, FL 32180  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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: Pamela Noll 3-15-04 386-744-2684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAMELA NOLL