2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jul 28, 2004 8:00 am **Secrétary of State DOCUMENT # 531900** 1. Entity Name 07-28-2004 90023 041 ***158.75 COX MAIN STREET FLORIST, INC. Principal Place of Business Mailing Address 4218 MAIN ST. JACKSONVILLE FL 32206 4218 MAIN ST. 44050260 JACKSONVILLE FL 32206 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State Applied For 4. FEI Number 59-1739080 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POPE-PRITCHETT, SANDRA J Street Address (P.O. Box Number is Not Acceptable) 12746 DUNN CREEK ROAD JACKSONVILLE FL 32218 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME P PRITCHETT, SANDRA J NAME STREET ADDRESS 12746 DUNN CREEK ROAD STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition POPE-VIETZE, ANTONINA NAME NAME 572 BIRD RD STREET ADDRESS STREET ADDRESS CITY-ST-7E JACKSONVILLE FL 32218 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME POPE-PRITCHETT, SANDRA NAME STREET ADDRESS 12746 DUNN CREEK RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITL F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS City-ST-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

Sandra Pape-Pritchett

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