

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 574554

1. Entity Name
POSNO FLOWERS, INC.



Principal Place of Business
**6647 CENTRAL AVE.
ST. PETERSBURG, FL 33710 US**

Mailing Address
**6647 CENTRAL AVE.
ST PETERSBURG, FL 33710 US**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59 1836314

Applied For
Not Applicable

5. Certificate Status Description
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HINKELMAN, WALTER L
6647 CENTRAL AVE
ST. PETERSBURG, FL 33710**

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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, in accordance with and accepting the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and (if not applicable)

(NOTE: If you are filing a statement of change of registered agent, you must also file a statement of change of registered office.)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINKELMAN, WALTER 6647 CENTRAL AVE. ST PETERSBURG, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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:

WALTER L. HINKELMAN 01/05/05 727-384-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR