## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 583552** 

FILED Jan 05, 2004 Secretary of State

Entity Name: ALTAMONTE SPRINGS FLORIST, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

801 W. SR 436

#1005

ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address: Current Mailing Address:** 

801 WEST SR 436

#1005

ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-1845399 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEDLOW, KENNETH C. PEDLOW, KENNETH C PRES 801 W. SR 436 801 W. SR 436

STE. 1005 STE. 1005

ALTAMONTE SPRINGS, FL. K, FL 32714 US ALTAMONTE SPRINGS, FL. K, FL 32714 US

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: KENNETH C PEDLOW 01/05/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition PEDLOW, KENNETH C., PEDLOW, KENNETH C PRES Name: Name: 118 COUNTRYSIDE DR. 118 COUNTRYSIDE DR. Address: Address: City-St-Zip: LONGWOOD FL City-St-Zip: LONGWOOD, FL 32779 US

Title: STD Title: STD () Delete (X) Change ( ) Addition Name: PEDLOW, TERRI A. Name: TERRI, A P S/T

118 COUNTRYSIDE DR. 118 COUNTRYSIDE DR. Address: Address: LONGWOOD, FL LONGWOOD, FL 32779 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition VD ( ) Delete VD.

ROSS, GLEN L., ROSS, LOUIS G VP Name: Name: 540-206 CRANES WAY 540-206 CRANES WAY Address: Address:

City-St-Zip: ALTAMONTE SPRINGS, FL City-St-Zip: ALTAMONTE SPRINGS, FL 32701 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.

VΡ SIGNATURE: LOUIS G ROSS 01/05/2004