

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 583552

1. Entity Name
ALTAMONTE SPRINGS FLORIST, INC.



Principal Place of Business

**801 W. SR 436
#1005
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address

**801 WEST SR 436
#1005
ALTAMONTE SPRINGS, FL 32701 US**



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1845399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PEDLOW, KENNETH C PRES
801 W. SR 436
STE. 1005
ALTAMONTE SPRINGS, FL. K, FL 32714**

**DO NOT WRITE
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. 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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEDLOW, KENNETH C PRES
STREET ADDRESS	118 COUNTRYSIDE DR.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	STD
NAME	TERRI, A P S/T
STREET ADDRESS	118 COUNTRYSIDE DR.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VD
NAME	ROSS, LOUIS G VP
STREET ADDRESS	540-206 CRANES WAY
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/05-80027-025 150.00

**DO NOT WRITE
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)(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.

SIGNATURE:

(Signature of Louis G. Ross)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05

Date

407-764-7300

Daytime Phone #