

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 16 PM 1:48

SEAL OF THE STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 593050

1. Entity Name
WARREN'S FLORIST, INCORPORATED

Principal Place of Business
2500 SUNSET POINT ROAD
CLEARWATER, FL 34625

Mailing Address
2500 SUNSET POINT ROAD
CLEARWATER, FL 34625



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1855932

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARREN, MARCIA
1195 LINDENWOOD DR
TARPON SPRINGS, FL 34689

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WARREN, MARCIA A
STREET ADDRESS	1175 LINDENWOOD DR
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE	D
NAME	WARREN, ROBERT L
STREET ADDRESS	1175 LINDENWOOD DR
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

300030806343
03/19/04--01043--008 **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:

Marcia A. Warren Marcia A. Warren

Date

3/8/04

Daytime Phone #

727 799 1960