


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F43800</b>	
1. Entity Name EAU GALLIE FLORIST, INC.	

Principal Place of Business C/O HUGH LINCOLN JOHNSTEN, JR. 1490 HIGHLAND AVENUE MELBOURNE, FL 32935	Mailing Address C/O HUGH LINCOLN JOHNSTEN, JR. 1490 HIGHLAND AVENUE MELBOURNE, FL 32935
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**DO NOT WRITE IN THIS SPACE**



05082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2134555	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

JOHNSTEN, HUGH LINCOLN JR.  
1490 HIGHLAND AVENUE  
MELBOURNE, FL 32935

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSTEN, HUGH L JR 1490 HIGHLAND AVENUE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV JOHNSTEN, ALEXIS F 1490 HIGHLAND AVENUE MELBOURNE, FL
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05/20/06-80060-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Alexis Johnsten 5-8-06 321-254-2584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #