2004 FOR PROFIT CORPORATION

FILED Feb 18, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # F44754 BELLAIR FLORIST AND GIFTS, INC. Principal Place of Business Mailing Address 326 BLANDING BLVD 326 BLANDING BLVD ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 02162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2137504 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEVENS, WILLIAM W JR. 2807 PACES FERRY ROAD DO NOT WRITE ORANGE PARK, FL 32073 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 tide if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000055483 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 02/18/04-80003-005 150.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE STEVENS, WILLIAM W JR. STREET ADDRESS 326 BLANDING BLVD CITY-ST-ZIP ORANGE PARK, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 excluse 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 attactor periodic and the statutes are provided.

NAME STREET ADDRESS CITY-ST-ZIP