


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90051 004 ***150.00

DOCUMENT # F56182 1. Entity Name THE FLOWER GALLERY, INC.	
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Principal Place of Business 405 SEMINOLE BLVD. LARGO, FL 33770 US	Mailing Address 405 SEMINOLE BLVD. LARGO, FL 33770 US
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DO NOT WRITE IN THIS SPACE



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2170436	Applied For Not Applicable
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5. Certificate of Status Desired, **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONNELL, JOHN P.
405 SEMINOLE BLVD.
LARGO, FL 33770

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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) 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 NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, JUDITH 9150 PARK BLVD., #2 SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CONNELL, JOHN P. 9150 PARK BLVD., #2 SEMINOLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 reports 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 attached list with an address, with all other like empowered.

SIGNATURE:  **John Connell, Pres.** 4/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #