

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F83586		
1. Entity Name FLOWERS OF MERRITT, INC.		

Principal Place of Business 375 N UNIVERSITY DR PLANTATION FL 33324	Mailing Address 375 N UNIVERSITY DR PLANTATION FL 33324
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. # etc

City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent MERRITT III, RALPH D 375 N UNIVERSITY DR PLANTATION FL 33324	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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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
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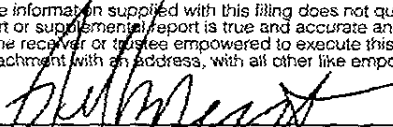
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PTD MERRITT, RALPH D., III 700 S OLD NOB HILL ROAD FORT LAUDERDALE FL 33324 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MERRITT, GLORIA I 700 S OLD NOB HILL ROAD FORT LAUDERDALE FL 33324 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERRITT, STEVE K. 375 N UNIVERSITY PLACE FORT LAUDERDALE FL 33324 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRISK, STACY 375 N UNIVERSITY DRIVE PLANTATION FL 33324 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1100000028737 ☐ Change ☐ Addition 02/04/04-80037-020 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: 	DATE: 1/27/04	DAYTIME PHONE: 954 473 2166
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