## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 10, 2005 08:00 AM DOCUMENT # F83586 **Secretary of State** 1. Entity Name FLOWERS OF MERRITT, INC. Principal Place of Business \_\_\_\_ Mailing Address 375 N UNIVERSITY DR PLANTATION FL 33324 375 N UNIVERSITY DR PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2306385 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERRITT III, RALPH D Street Address (P.O. Box Number is Not Acceptable) 375 N UNIVERSITY DR PLANTATION FL 33324 Zip Code 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 reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD HILE Change Addition TITLE Detete U00000223612 02/10/05-80049-015 150.00 NAME MERRITT, RALPH D., III NAME STREET ADDRESS 700 S OLD NOB HILL ROAD STREET ADDRESS FORT LAUDERDALE FL 33324 CITY ST-ZIP CHY-ST-ZIP VSD TITLE TITLE Delete ☐ Change ☐ Addition MERRITT, GLORIA I NAME NAME 700 S OLD NOB HILL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33324 CITY-ST-ZIP ☐ Delete Life ☐ Change Addition TITLE NAME MERRITT, STEVE K. STREET ADDRESS STREET ADDRESS 375 N UNIVERSITY PLACE CITY-ST-ZIP FORT LAUDERDALE FL 33324 CITY-ST-ZIP Change Addition | Delete FRISK, STACY NAME 375 N UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP CITY ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addillon TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP THLE ☐ Delete nite ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Ralph Merrit II

SIGNATURE: \_