

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000000428

1. Entity Name
CONTINENTAL WHOLESALE FLORISTS, INC.



Principal Place of Business
**11122 IOTA DR.
SAN ANTONIO, TX 78217**

Mailing Address
**11122 IOTA DR.
SAN ANTONIO, TX 78217**

DO NOT WRITE IN THIS SPACE



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number
74-1360777

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAUL, HARLAN L ESQUIRE
431 E. NEW YORK AVENUE
DELAND, FL 32721-2087**

**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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$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.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
EVERETT, LARSON
11122 IOTA DRIVE
SAN ANTONIO, TX 78217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
EVERETT, JEROME
11122 IOTA DRIVE
SAN ANTONIO, TX 78217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
EVERETT, JAMES
11122 IOTA DRIVE
SAN ANTONIO, TX 78217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
EVERETT, NURIA
11122 IOTA DRIVE
SAN ANTONIO, TX 78217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000167261
07/19/04-80018-003 155.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04

Date

210-654-6543

Daytime Phone #