

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90217 004 ***150.00



DOCUMENT # H81169

1. Entity Name

PINE FOREST FLORAL AND GIFT SHOP, INC.

Principal Place of Business

% ROMA I. ROGERS
 7400 PINE FOREST ROAD
 PENSACOLA FL 32526

Mailing Address

% ROMA I. ROGERS
 7400 PINE FOREST ROAD
 PENSACOLA FL 32526



2. Principal Place of Business

3. Mailing Address

5041 High Pointe Dr

1st MOORE CR2E034 (10/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PENSACOLA FL

4. FEI Number

59-2591173

Applied For

Not Applicable

Zip

Country

Zip

Country

32505 US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, ROMA I.
 7400 PINE FOREST ROAD
 PENSACOLA FL 32526-5814

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 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: DPT Delete
 NAME: ROGERS, ROMA I.
 STREET ADDRESS: 5041 HIGH POINTE DR.
 CITY-ST-ZIP: PENSACOLA FL 32505

TITLE: SDV Delete
 NAME: ROGERS, GEORGE A., JR.
 STREET ADDRESS: 5041 HIGH POINTE DR.
 CITY-ST-ZIP: PENSACOLA FL 32505

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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 STREET ADDRESS:
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Roma I Rogers Roma I Rogers 2/06 850-969-1150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #