

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90333 007 ***150.00

DOCUMENT # J16908

1. Entity Name

LAKEVIEW FLORISTS, INC.



Principal Place of Business

708 S. DIXIE HWY
WEST PALM BEACH FL 33401
US

Mailing Address

708 S DIXIE HWY
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

1204 OLD OKEECHOBEE RD.

3. Mailing Address

1204 OLD OKEECHOBEE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

Zip

33401

Country

US

Zip

33401

Country

US

4. FEI Number

59-2697895

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERELLI BARBARA
708 S DIXIE HWY
WEST PALM BCH FL 33401

7. Name and Address of New Registered Agent

Name

BARBARA MERELLI

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

1204 OLD OKEECHOBEE RD

City

WEST PALM BEACH

FL

Zip Code

33401

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

Barbara Merelli

BARBARA MERELLI (D)

APR. 11, 2005

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, 2005 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 DPST ☐ Delete
NAME MERELLI, BARBARA
STREET ADDRESS 4550 BIDDE FORD APT 39
CITY-ST-ZIP WEST PALM BCH FL 33417

TITLE D ☐ Delete
NAME BODNAR, THOMAS
STREET ADDRESS 10513 WEYMOUTH ST.
CITY-ST-ZIP BETHESDA MD 20814

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D ☒ Change ☐ Addition
NAME BODNAR, THOMAS
STREET ADDRESS 1107 SPARROW HILL WAY
CITY-ST-ZIP BEL-AIR MD. 21015

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

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

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

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 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:

Barbara Merelli

BARBARA MERELLI

APR-11-05

561-655-2368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #