



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # K28567 1. Entity Name SUN CITY CENTER FLOWERS & GIFTS, INC.			
Principal Place of Business % MARJORIE B. CROSBY 1607 SUN CITY CENTER PLAZA SUN CITY CENTER, FL 33573-5303		Mailing Address % MARJORIE B. CROSBY 1607 SUN CITY CENTER PLAZA SUN CITY CENTER, FL 33573-5303	
DO NOT WRITE IN THIS SPACE		 02212005 No Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MCINNIS, SHERRY 1607 SUN CITY CENTER PLAZA SUN CITY CENTER, FL 33570		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 <u>Sherry McInnis</u> <u>Sherry McInnis</u> <u>3-2-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSBY, MARJORIE B. 1724 - 6TH ST SE RUSKIN, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CROSBY, FREDERICK SR 1724 - 6TH ST SE RUSKIN, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCINNIS, SHERRY 3304 W. WYOMING AVE. TAMPA, FL 33611		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
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.		U000000250895 03/04/05-80029-014 150.00	
SIGNATURE: <u>Sherry McInnis</u> <u>Sherry McInnis</u> <u>2/28/05</u> <u>813 634 3011</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			