

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90054 015 \*\*\*150.00

DOC# ENT # K79303

1. Entity Name  
FLOWER CART OF CENTRAL FLORIDA, INC.



Principal Place of Business  
% MAUREEN G SHAW  
1125 LAKELAND HILLS BLVD  
LAKELAND, FL 33805

Mailing Address  
% MAUREEN G SHAW  
1125 LAKELAND HILLS BLVD  
LAKELAND, FL 33805

40050536



02182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2968825

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SHAW, MAUREEN G  
1125 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805

**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 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPST  
SHAW, MAUREEN G  
419 MORNINGSIDE DRIVE  
LAKELAND, FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPST  
SHAW, JAMES G  
419 MORNINGSIDE DRIVE  
LAKELAND, FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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)(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:

*Maureen G. Shaw* Maureen G. Shaw 4-4-05 803-687-1783  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #