

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L91224

**FILED  
Apr 30, 2005  
Secretary of State**

**Entity Name:** ROSE OF SHARON EUROPEAN FLORIST, INC.

**Current Principal Place of Business:**

2319 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

2319 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 59-3018829      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNETTE, SELF  
2319 UNIVERSITY BLVD W  
JACKSONVILLE, FL 32217      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: SELF, LYNETTE  
Address: 2319 UNIVERSITY BLVD W  
City-St-Zip: JACKSONVILLE, FL

Title: ST      ( ) Delete  
Name: SELF, LAKE  
Address: 2319 UNIVERSITY BLVD W  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNETTE SELF

DP

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date