2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005333

1. Entity Name
PETALS OF PERSUASION, INC.*

Principal Place of Business	Mailing Address
1207 BROOK BEND ROAD PENSACOLA, FL 32506	PO BOX 3828 PENSACOLA, FL 32516-3828

04112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0660859
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, SABRINA M
1207 BROOK BEND ROAD
PENSACOLA, FL 32506

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POUGH, KIMBERLY
STREET ADDRESS	PO BOX 3828
CITY-ST-ZIP	PENSACOLA, FL 325163828
TITLE	VD
NAME	BOLDEN, FAYE
STREET ADDRESS	PO BOX 3828
CITY-ST-ZIP	PENSACOLA, FL 325163828
TITLE	VD
NAME	HOOKS, CURTIS
STREET ADDRESS	PO BOX 3828
CITY-ST-ZIP	PENSACOLA, FL 325163828
TITLE	TD
NAME	HERRON, SHARON
STREET ADDRESS	PO BOX 3828
CITY-ST-ZIP	PENSACOLA, FL 325163828
TITLE	SD
NAME	HABER, DONALD
STREET ADDRESS	PO BOX 3828
CITY-ST-ZIP	PENSACOLA, FL 325163828
TITLE	D
NAME	PARKER, LEQUITA
STREET ADDRESS	PO BOX 3828
CITY-ST-ZIP	PENSACOLA, FL 325163828

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06/03/04-80001-009 70.00

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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 617, 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: _____ 05/30/04 (850) 458-1128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #