

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*File 19*



<b>DOCUMENT # N02000005333</b> 1. Entity Name <b>PETALS OF PERSUASION, INC.</b>					
Principal Place of Business <b>1207 BROOK BEND ROAD PENSACOLA, FL 32506</b>			Mailing Address <b>PO BOX 3828 PENSACOLA, FL 32516-3828</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>01-0660859</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>EVANS, SABRINA M 1207 BROOK BEND ROAD PENSACOLA, FL 32506</b>			Name <b>EVANS Sabrina M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3243 Fresno Ave</b> <b>Pensacola FL</b> City <b>FL</b> Zip Code <b>32526</b>		
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 <i>Sabrina Evans</i> <b>Sabrina Evans</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>07/26/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee Is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POUGH, KIMBERLY PO BOX 3828 PENSACOLA, FL 325163828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sarah Puritoy P.O. Box 3828 Pensacola FL 325163828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLDEN, FAYE PO BOX 3828 PENSACOLA, FL 325163828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOOKS, CURTIS PO BOX 3828 PENSACOLA, FL 325163828	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tina Price P.O. Box 3828 Pensacola FL 325163828	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERRON, SHARON PO BOX 3828 PENSACOLA, FL 325163828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Denise Brown <del>delete</del> P.O. Box 3828 Pensacola, FL 32516-3828	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HABER, DONALD PO BOX 3828 PENSACOLA, FL 325163828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Hooks <del>delete</del> P.O. Box 3828 Pensacola, FL 325163828	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, LEQUITA PO BOX 3828 PENSACOLA, FL 325163828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300058781423 08/19/05--01002--009 ***70.00	
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: <i>Sabrina Evans</i> <b>Sabrina Evans</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>07/26/05</b> <small>Daytime Phone #</small>		