2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Gota

DOCUMENT # P00000048465 1. Entry Name SEMINOLE GARDEN FLORIST, INC.						Feb 09, 2005 08:00 AM Secretary of State				
Principal Plac	e of Rusiness	Mailine	g Address			1				
13043 PAR	3 PARK BLVD									
			SEMINOLE FL 33776							
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2. Principal P	Place of Business	3. Mail	3. Mailing Address							
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Suite, Apt #, etc.		Suite	Suite, Apt. #, etc.			15	st MOORE C	R2E034 (10/0	04)	
City & State		City	City & State			4. FEI Numb	per		Ap	plied For
,							59-3644200		No	t Applicat:!
Zip	p Country		Zip		try	5. Certificate	e of Status Desired		5 Addi	
	6. Name and Address of Current	Bagietere	d Agent			7 Name and	d Address of New Re		equired	-
	t, Name and Address of Current	, rogiocero	a rigent		Name		a rida, 000 o, 11011 (10	Arorara višaric		
LOVELACE, WILLIAM K ESQ					Street Address (P.O. Box Number is Not Acceptable)					
401 S LINCOLN AVE					Street Address	(P.O. Box Numi	per is Not Acceptable)			
CLEARWATER FL										- '
					City			El Zi	p Code	
9 The above	named entity submits this statement for	or the our	ose of changing its	radistar	ed office or registe	rediagent or ho	oth, in the State of Flori	_ ■ ■ da Lam familia	r with :	and acced
	ions of registered agent.	or are parp	ose of changing its	egistert	sa omoe or region	rea agent, or or		GC. TOTTICITIE	, .	aria accep
CIONIATURE										
SIGNATURE .	Signature, typed or printed name of registered agent	and little if appl	licable (NOTE	Registere	d Agent signature required	d when reinstating)		DATE		
F	ILE NOW!!! FEE IS \$150.00					•	9. Election Campaig	n Financing	\$5.0	00 May Ba
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							Trust Fund Contr			d to Fees
			ne	11.		ADDITIONS	 /CHANGES TO OFFIC	EDS AND DIDE	- FADD	: JNI 11
III.E	<u> </u>					ADDITIONS	3/C A C C C C C C			Addition
NAME	MATTHEWS, PATRICIA			NAM	I			-		
STREET ADDRESS	7331 111TH ST N			STREET ADD						
CITY - ST - ZIP	SEMINOLE FL 33772	-			SI-ZIP					
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STREET ADDRESS	•			FLADORESS	U00000221937 02/09/05-80051-01)51-016 19	50.00	3	
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CITY - ST - ZIP					-Si-ZIP					
12. Thereby o	ertify that the information supplied with	n this filina	does not qualify for	the exe	mption stated in Se	ection 119.07(3))(i), Florida Statutes. I f	urther certify tha	t the in	formation
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	s true and a owered to a	accurate and that mexecute this report a	y signal as requi	ure shall have the red by Chapter 607	same legal effe 7, Florida Statut	ct as if made under oa es, and that my name	th, that I am an a appears in Bloci	officer of 10 or	or director Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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