2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000048465

1. Entity Name
SEMINOLE GARDEN FLORIST, INC.

Principal Place of Business	Mailing Address
13043 PARK BLVD	13043 PARK BLVD
SEMINOLE, FL 33776	SEMINOLE, FL 33776

DO NOT WRITE IN THIS SPACE

01152006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3644200	Not Applicable

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

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K ESQ
401 S LINCOLN AVE
CLEARWATER, FL

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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MATTHEWS, PATRICIA
STREET ADDRESS	7331 111TH ST N
CITY-ST-ZIP	SEMINOLE, FL 33772

TITLE	D
NAME	MATTHEWS, BOBBIE
STREET ADDRESS	7331 111TH ST N
CITY-ST-ZIP	SEMINOLE, FL 33772

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TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Patricia Matthews_   Pat Matthews   1/15/06   727-319-23_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #