

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90253 004 ***150.00

DOCUMENT # P00000050809 1. Entity Name FORT MYERS FLOWER MART AND GIFTS INCORPORATED					
Principal Place of Business 4549-G TAMIAHI TRAIL PORT CHARLOTTE, FL 33980			Mailing Address 4549-G TAMIAHI TRAIL PORT CHARLOTTE, FL 33980		
2. Principal Place of Business 2401-C TAMIAHI TRAIL		3. Mailing Address P.O. Box 496308			
Suite, Apt. #, etc. C		Suite, Apt. #, etc. 			
City & State PORT CHARLOTTE FL		City & State PORT CHARLOTTE FL		4. FEI Number 65-1016451	
Zip 33952		Country CHARLOTTE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33949		Country CHARLOTTE		6. Name and Address of Current Registered Agent KORMANN, ROBERT W 4549-G TAMIAHI TRAIL PORT CHARLOTTE, FL 33980	
7. Name and Address of New Registered Agent Name 		Street Address (P.O. Box Number is Not Acceptable) 2401-C TAMIAHI TRAIL			
City PORT CHARLOTTE		State FL		Zip Code 33952	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KORMANN, ROBERT W 4549-G TAMIAHI TRAIL PORT CHARLOTTE, FL 33980		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2401-C TAMIAHI TRAIL PORT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KORMANN, DEBORAH S 4549-G TAMIAHI TRAIL PORT CHARLOTTE, FL 33980		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2401-C TAMIAHI TRAIL PORT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u>Robert W. Korman</u> 2/17/05 941-624-5050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					