


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90006 016 \*\*\*150.00

<b>DOCUMENT # P00000096716</b> 1. Entity Name <b>PUNTA GORDA FLOWER SHOP, INC.</b>					
Principal Place of Business <b>24313 HENRY MORGAN BLVD. UNIT 101 PUNTA GORDA, FL 33950</b>			Mailing Address <b>24313 HENRY MORGAN BLVD. UNIT 101 PUNTA GORDA, FL 33950</b>		
2. Principal Place of Business - No P.O. Box # <b>24313 HENRY MORGAN BLVD.</b>		3. Mailing Address <b>24313 HENRY MORGAN BLVD</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>PUNTA GORDA, FL</b>		City & State <b>PUNTA GORDA, FL</b>		4. FEI Number <b>65-1054419</b>	
Zip <b>33950</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TOWSEY, MARCY L 24313 HENRY MORGAN BLVD. PUNTA GORDA, FL 33950</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D TOWSEY, MARCY L 24313 HENRY MORGAN BLVD. PUNTA GORDA, FL 33950</b> <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	<b>D TOWSEY, TROY 24313 HENRY MORGAN BLVD. PUNTA GORDA, FL 33950</b> <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		
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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 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.					
<b>SIGNATURE:</b> <u>Marcy Towsey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>MARCY L TOWSEY</b> <small>Date</small>		<b>9/18/07</b> <small>Daytime Phone #</small>	
<b>941-639-3773</b>					