

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91236 032 \*\*\*150.00

<b>DOCUMENT # P00000109725</b>					
<b>1. Entity Name</b> STEVENS FLOWER SHOP, INC.					
<b>Principal Place of Business</b> 1813 N. TAMARIND AVE WEST PALM BEACH, FL 33407			<b>Mailing Address</b> PO BOX 4733 WEST PALM BEACH, FL 33402		
<b>2. Principal Place of Business</b> 5085 Okeechobee Blvd.		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> West Palm Beach, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-1061937	
<b>Zip</b> 33417		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> STEVENS, KARLENE S ESQ 1615 FORUM PL. STE. 500 WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name: <u>Karlene S. Stevens</u> Street Address (P.O. Box Number is Not Acceptable): <u>5085 Okeechobee Blvd.</u> City: <u>West Palm Beach</u> <b>FL</b> Zip Code: <u>33417</u>		
<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.</b> SIGNATURE: <u>Karlene Stevens</u> <span style="float: right;">4/30/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <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	DT STEVENS, KARLENE S 1615 FORUM PLACE STE 500 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP P, S Karlene Stevens 5085 Okeechobee Blvd. West Palm Beach, FL 33417			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Karlene Stevens</u> <span style="float: right;">4/30/04 616-4567</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					