


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000018543 1. Entity Name BASKETS OF BLESSINGS, INC.		
Principal Place of Business 1550 LANEY DRIVE PALM HARBOR, FL 34683	Mailing Address 1550 LANEY DRIVE PALM HARBOR, FL 34683	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ADLER, CYNTHIA Z 1550 LANEY DRIVE PALM HARBOR, FL 34683		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, CYNTHIA 1550 LANEY DR PALM HARBOR, FL 34683	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, KIMBERLEE 12248 MONARCH CIRCLE SEMINOLE, FL 33772	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <u>Cynthia Z Adler</u> 4/19/06 727 7890502 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3702570

Applied For
Not Applicable

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

U000000529338
05/05/06-80073-013 150.00