OCT-27-2005 10:47 AM

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-01-2005 20063 043 ***150.00
P01000022715

05 OCT 31 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20061007

DOCUMENT # P01000022715

1. Entity Name
BAY FLORIST & GIFTS, INC.

Principal Place of Business	Mailing Address
877 W. BAY DR. LARGO, FL 33770	877 W. BAY DR. LARGO, FL 33770

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06282005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3703905
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILBERTSON, LOIS M 877 W. BAY DR. LARGO, FL 33770	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(d), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GILBERTSON, LOIS 877 W. BAY DR. LARGO, FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition T. Bohers OCT 31 [illegible]
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

Lois M. Gilbertson

SIGNATURE: Lois M. Gilbertson, President 6-28-05 7275870042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B 292

Bay Forist & Gifts, Inc.
877 West Bay Drive
Largo, FL 33770-3221
727-587-0042

October 27, 2005

Florida Dept of State
Division of Corporations
Tina Roberts
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: P01000022715

Dear Ms. Roberts,

I did not receive the initial annual report renewal postcard from the beginning of the year. My accountants provided me the form that I filed on June 28, 2005, stating that the fee would still only be $150.00 because I had not received the first mailing. I submitted the form and the check immediately and thought I had met all that you required. I am enclosing a copy of the form you rejected and requesting that you abate the $400.00 additional penalty that you are asking for and reinstate the status of my corporation as active.

Your assistance is greatly appreciated.

Sincerely,

Lois Gilbertson

Lois Gilbertson,
President

CC: Sunstate Tax & Accounting Service
6925 112th Circle N. Suite 102
Largo, FL 33773-5200