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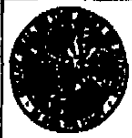
2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-01-2005 00063 043 ***150.00
P01000022715

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20061007

DOCUMENT # P01000022715					
1. Entity Name BAY FLORIST & GIFTS, INC.					
Principal Place of Business 877 W. BAY DR. LARGO, FL 33770			Mailing Address 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	4. FEI Number 68-3703805	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILBERTSON, LOIS M 877 W. BAY DR. LARGO, FL 33770			7. Name and Address of New Registered Agent		
			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's signature required when reappointing)					
FILE NOW! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		10. May Be Added to Fees ☐	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GILBERTSON, LOIS		NAME		
STREET ADDRESS	877 W. BAY DR.		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Statute; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.					
SIGNATURE: <u>Lois M. Gilbertson</u>			6-28-05 727 587 0042		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

REINSTATEMENT

I Roberts OCT 31 11:00 AM

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