

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90033 031 ***150.00

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01032005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000031805 1. Entity Name THE FLOWER COMPANY OF TAMPA					
Principal Place of Business PO BOX 1142 VALRICO, FL 33595-1142			Mailing Address PO BOX 1142 VALRICO, FL 33595-1142		
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 59-3713907			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOOHER, MATTHEW 4322 BROOKE DR. VALRICO, FL 33594			Name: <u>Booher, Matthew</u> Street Address (P.O. Box Number is Not Acceptable) <u>14014 Walden Sheffield Rd.</u> City: <u>Dover</u> FL Zip Code: <u>33527</u>		
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: <u>Matthew Booher Pres 1/19/05</u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOOHER, MATTHEW 14014 WALDEN SHEFFIELD RD. DOVER, FL 33527	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOOHER, ALETA 14014 WALDEN SHEFFIELD RD. DOVER, FL 33527	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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. SIGNATURE: <u>Matthew Booher Pres 1/19/05</u> Date: _____ Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					