


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P01000031805 |  |
| 1. Entity Name THE FLOWER COMPANY OF TAMPA | |

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|--|--|
| Principal Place of Business PO BOX 1142 VALRICO, FL 33595-1142 | Mailing Address PO BOX 1142 VALRICO, FL 33595-1142 |
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

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| 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 |

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| 6. Name and Address of Current Registered Agent BOOHER, MATTHEW 14014 WALDEN SHEFFIELD ROAD DOVER, FL 33527 |
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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 reappointing)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOOHER, MATTHEW 14014 WALDEN SHEFFIELD RD. DOVER, FL 33527 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BOOHER, ALETA 14014 WALDEN SHEFFIELD RD. DOVER, FL 33527 |
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01/19/08-80021-017 150.00

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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: Aleta Booher Aleta Booher **1-10-05** **813 766 3935**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #