


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000036733	
1. Entity Name STUART DOWNTOWN FLOWERS GIFTS AND GARDENS INC.	

Principal Place of Business 120 W OCEAN BLVD STUART, FL 34994	Mailing Address 120 W OCEAN BLVD STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



09062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1091647	<input type="checkbox"/> 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

STEVENS, PHILIP D
120 W OCEAN BLVD
STUART, FL 34994

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	O
NAME	STEVENS, PHILIP
STREET ADDRESS	120 WEST OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/09/05-80005-018 150.00

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 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: *Philip D Stevens* **9/9/05** **772 220 9704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #