2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 8:00 am Secretary of State

DOCUMENT # P01000052041 1. Entity Name FLOWERS OF DISTINCTION, INC. OF TITUSVILLE					03-07-2005 90273 017 ***150.00			
Principal Place of Business		Mailing Address		7				
1533_GARDEN.STREET		1533.GARDEN.STREET					 -	
TITUSVILLE,	FL 32796	TITUSVILLE, FL 32796		1				
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282005	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-3720		 	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	□ \$8.75 A		
	Tout the part rations.		Same Same Same			Fee Requir	- 1	
	6. Name and Address of Current F	Registered Agent**		7. Name and		legistered 'Agent'**	LE PARTIE DE PARTIE	
DEAN, RIC	CHARD W	連続 かならい ・かる	Fast - Camor - W	e e e e e e e e e e e e e e e e e e e	·		77 14. 21.	
3275 W. HILLSBORO BLVD. #207			Street Address	s (P.O. Box Numbe	r is Not Acceptable	e)		
DEERFIEL	D BEACH, FL 33442							
**								
			City			FL Zip Co	de	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered affice or regis	tered agent, or both	i, in the State of Fig	orida. I am familiar witl	h, and accept	
SIGNATURE					· · · · · · · · · · · · · · · · · · ·			
	Signature, typed or printed name of registered agent a	nd title it applicable. (NU1E	: Registered Agont aignature requi	ired when reinstating)	***	DATE		
	.E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contr		5.00 May Be dded to Fees				
		Trust Fund Contr		dded to Fees	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
After M	officers and to	Trust Fund Contr	ibution.	dded to Fees	CHANGES TO OFF	FICERS AND DIRECTO		
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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:	

Lenda J. Decker

3-3-65

321-267-2864

Daytime Ph