

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90128 039 \*\*\*150.00

<b>DOCUMENT # P01000078385</b> 1. Entity Name <b>CAPE CORAL FLORIST INCORPORATED</b>					
Principal Place of Business <b>4549-G TAMiami TRAIL PORT CHARLOTTE, FL 33980</b>			Mailing Address <b>4549-G TAMiami TRAIL PORT CHARLOTTE, FL 33980</b>		
2. Principal Place of Business <b>2401-C TAMiami TR</b> Suite, Apt. #, etc. <b>C</b>		3. Mailing Address <b>P.O. Box 496308</b> Suite, Apt. #, etc.			
City & State <b>PORT CHARLOTTE, FL.</b>		City & State <b>PORT CHARLOTTE FL.</b>		4. FEI Number <b>65-1133218</b>	
Zip <b>33952</b>		Country <b>CHARLOTTE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33949</b>		Country <b>CHARLOTTE</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>KORMANN, ROBERT W 4549-G TAMiami TRAIL PORT CHARLOTTE, FL 33980</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2401-C TAMiami TR</b> City <b>PORT CHARLOTTE</b>	
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)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>DPC</b> <input type="checkbox"/> Delete NAME <b>KORMANN, ROBERT W</b> STREET ADDRESS <b>4549 F TAMiami TRAIL</b> CITY-ST-ZIP <b>PORT CHARLOTTE, FL 33980</b>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>2401-C TAMiami TR</b> STREET ADDRESS <b>PORT CHARLOTTE, FL 33952</b> CITY-ST-ZIP		
TITLE <b>DTVS</b> <input type="checkbox"/> Delete NAME <b>KORMANN, DEBORAH S</b> STREET ADDRESS <b>4549 G TAMiami TRAIL</b> CITY-ST-ZIP <b>PORT CHARLOTTE, FL 33980</b>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>2401-C TAMiami TR</b> STREET ADDRESS <b>PORT CHARLOTTE, FL 33952</b> CITY-ST-ZIP		
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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>Robert W. Korman</u> <b>2/17/05</b> <b>941-624-5050</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					