


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-21-2005 90117 038 \*\*\*150.00

DOCUMENT # P02000037525			
1. Entity Name ALL AMERICAN RIVERVIEW FLORIST, INC.			
Principal Place of Business 9405 U.S. HWY 301 S. RIVERVIEW, FL 33569 US		Mailing Address 720 SUNDANCE TR WIMAUMA, FL 33598	
2. Principal Place of Business		3. Mailing Address 918 21st S.E.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ruskin, FL	
Zip	Country	Zip	Country
		33570	U.S.
6. Name and Address of Current Registered Agent LAYTON, ANITA K 720 SUNDANCE TRAIL WIMAUMA, FL 33598		7. Name and Address of New Registered Agent Name: Melinda King Street Address (P.O. Box Number is Not Acceptable): 918 21st S.E. City: Ruskin FL Zip Code: 33570	
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: <i>Melinda King</i> DATE: 3-18-05 <small>Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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	P LAYTON, ANITA K <input checked="" type="checkbox"/> Delete	TITLE	P Melinda King <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYTON, ANITA K	NAME	Melinda King
STREET ADDRESS	720 SUNDANCE TRAIL	STREET ADDRESS	918 21st S.E.
CITY-ST-ZIP	WIMAUMA, FL 33598	CITY-ST-ZIP	Ruskin, FL 33570
TITLE	VP LAYTON, DON W JR <input checked="" type="checkbox"/> Delete	TITLE	VP Alisha Sullivan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYTON, DON W JR	NAME	Alisha Sullivan
STREET ADDRESS	720 SUNDANCE TRAIL	STREET ADDRESS	918 21st S.E.
CITY-ST-ZIP	WIMAUMA, FL 33598	CITY-ST-ZIP	Ruskin, FL 33570
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Melinda King</i>		Date: 3-18-05 Daytime Phone #: 813-741-0679	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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03152005 Chg-P CR2E034 (10/03)

4. FEI Number 75-3040671 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required