
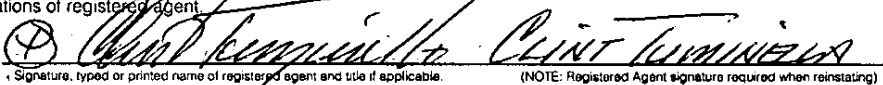
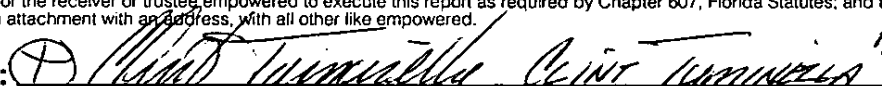


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90036 050 ***150.00

DOCUMENT # P02000046670 1. Entity Name ADDALIA FLORAL DESIGN, INC.					
Principal Place of Business 1337 CAPE CORAL PARKWAY E CAPE CORAL, FL 33904				Mailing Address PO DRAWER 60205 FORT MYERS, FL 33906	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1337 Cape Coral Pkwy, E Suite, Apt. #, etc.			
City & State 		City & State Cape Coral, FLA		4. FEI Number 01-0674447	
Zip 		Zip 33904		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROYSTON ROBERT DJR 12670 NEW BRITANNY BLVD SUITE 101 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Clinton C. Tuminella Street Address (P.O. Box Number is Not Acceptable) 1337 Cape Coral Pkwy, E City Cape Coral FL Zip Code 33904	
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:  CLINT TUMINELLA 1-18-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P TUMINELLA, CLINTON C 1337 CAPE CORAL PARKWAY E CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST TUMINELLA, SOLEDAD 1337 CAPE CORAL PARKWAY E CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  CLINT TUMINELLA 1/18/05 1-239-5415985 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					