


**2004 FGR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000047123 1. Entity Name LULU AND PETUNIA, INCORPORATED	
---	---

Principal Place of Business 3445 ANGLIN DR SARASOTA, FL 34242	Mailing Address 3445 ANGLIN DR SARASOTA, FL 34242
---	---

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3707049	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 ANGELOTTI, RICHARD 228 SEAGULL LN SARASOTA, FL 34236	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 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINEHAN, JENNIFER 1335 HIDDEN HARBOR WAY SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLEOD, KIMBERLY 3445 ANGLIN DR SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCLEOD, MASTON 3445 ANGLIN DR SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINEHAN, TODD 1335 HIDDEN HARBOR WAY SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000069719
03/01/04-80021-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: Jennifer Linehan 02-05-04 941-366-0806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #