


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91249 045 ***150.00

DOCUMENT # P02000073953	
1. Entity Name A PRETTY PETAL, INC.	

Principal Place of Business 57 EAST AUBURN STREET LARGO, FL 33770	Mailing Address 57 EAST AUBURN STREET LARGO, FL 33770
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94083417



2. Principal Place of Business 1662 MISSOURI AVE. Suite, Apt. #, etc. NORTH LARGO FLORIDA 33770 PINELLAS	3. Mailing Address 1662 MISSOURI AVE. Suite, Apt. #, etc. NORTH LARGO FLORIDA 33770 PINELLAS
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04302004 Chg-P CR2E034 (10/03)

4. FEI Number 68-0513029		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 HANDVILLE, KIMBERLY T 59 EAST AUBURN STREET LARGO, FL 33770		

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1662 MISSOURI AVENUE N City LARGO FL 33770	
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>Kimberly T. Handville</i> KIMBERLY T. HANDVILLE, PRES. 4/30/2004 Signature, typed or printed name of registered agent and title if applicable. (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANDVILLE, KIMBERLY T 59 EAST AUBURN STREET LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2004 6TH AVENUE SOUTHWEST LARGO, FLORIDA 33770 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANDVILLE, RICHARD D 59 EAST AUBURN STREET LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2004 6TH AVENUE SOUTHWEST LARGO, FLORIDA 33770 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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>Kimberly T. Handville</i> PRESIDENT 4/30/2004 727-518-9840 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

KIMBERLY T. HANDVILLE