

# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/24/2005-90057-031-\$150.00-\$150.00

**FILED**

05 SEP 15 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

50066854



1st MOORE CR2E034 (10/04)

|   |  |                     |  |   |  |
|---|--|---------------------|--|---|--|
| <b>DOCUMENT # P02000133832</b><br>1. Entity Name<br><b>AMARYLLIS PLUS BULB COMPANY</b>  |  |                     |  |   |  |
| Principal Place of Business<br>1932 20 AVE NORTH<br>ST PETERSBURG FL 33713  |  |                     | Mailing Address<br>1932 20 AVE NORTH<br>ST PETERSBURG FL 33713   |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |  |   |  |
| City & State  |  | City & State        |  |   |  |
| Zip   | Country  | Zip                 | Country  | 4. FEI Number <b>51-0440169</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |                     |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BUSINESS FILINGS INCORPORATED</b><br><b>660 EAST JEFFERSON STREET</b><br><b>TALLAHASSEE FL 32301-0000</b>   |  |                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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 re-registering) DATE _____  |  |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>PREUSS, KEVIN</b><br><b>1932 20 AVE NORTH</b><br><b>ST PETERSBURG FL 33713</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center;"> <b>100059777891</b><br/> <b>09/20/05--01032--009 **400.00</b> </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u><i>Kevin D. Preuss</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |                     | Date: <u>3/15/05</u> Daytime Phone #: <u>727-810-0852</u>  |   |  |