## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 20, 2005 8:00 am Secretary of State

DOCUMENT # P02000135543  1. Entity Name NAOMI'S FLORIST, INC.				04-20-2005 90347 030 ***150.00				
Principal Place of Business Mailing Address  315 LONG BRANCH BOULEVARD 315 LONG BRANCH BOUL JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32206						50	04060	10
2. Principal Place of Business 10029 SAn Jose Blvd 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03072005	Chg-P	CR2E	034 (10/03)	
Joc Ksonville, FC		City & State		4. FEI Numb 55-081	-	•		oplied For of Applicable
Zip 32957	Country	Zip	Country		of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New	Registered	Agent	
ROBISON, MARY A								
ONE INDEPENDENT DRIVE SUITE 2600			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	VILLE, FL 32202			•				
			City			FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regist	ered agent, or bo	th, in the State of I	Florida. I am	familiar with,	and accept
SIGNATURE								
Grantinie=	Signature, typed or printed name of registered agent are	d title if upplicable. (NOTE: I	Registered Agent signature requi	red when reinstating)		DATE		<del></del>
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib	n Financing \$	5.00 May Be ided to Fees				
FILI After Ma	officers and c	Trust Fund Contrit	n Financing \$	5.00 May Be idded to Fees	/CHANGES TO O		 D DIRECTOR	5 IN 11
After Ma	OFFICERS AND D	Trust Fund Contrit	in Financing Solution. Art	5.00 May Be idded to Fees	/CHANGES TO O		D DIRECTOR	S IN 11
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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.