


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90203 033 ***150.00

DOCUMENT # P03000004009 1. Entity Name BLOOM, INC.			
Principal Place of Business 1607 WEST DE LEON STREET TAMPA, FL 33606 US		Mailing Address 1607 WEST DE LEON STREET TAMPA, FL 33606 US	
2. Principal Place of Business 5025 Bayshore Blvd. Suite, Apt. #, etc.		3. Mailing Address 5025 Bayshore Blvd. Suite, Apt. #, etc.	
City & State Tampa, FL Zip 33611 Country USA		City & State Tampa, FL Zip 33611 Country USA	
4. FEI Number 41-2075105		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04192004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LOHOEFENER, JULIE B 1607 WEST DE LEON STREET TAMPA, FL 33606		7. Name and Address of New Registered Agent Name NIA. Street Address (P.O. Box Number is Not Acceptable) City FL 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. <div style="text-align: center; font-size: 1.5em;">NIA.</div>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOHOEFENER, JULIE B 1607 WEST DE LEON STREET TAMPA, FL 33606	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOHOEFENER, CHAD W 1607 WEST DE LEON STREET TAMPA, FL 33606	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: Julie Lohoefer		Date 4/30/04 Daytime Phone # (813) 805-2151	