

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90313 046 ***150.00

DOCUMENT # P03000025101 1. Entity Name THE ORCHID PEDDLER, INC.			
Principal Place of Business 3351 N FEDERAL HWY DELRAY BEACH, FL 33483		Mailing Address 3351 N FEDERAL HWY DELRAY BEACH, FL 33483	
2. Principal Place of Business 5038 Colbright Road Suite, Apt. #, etc.		3. Mailing Address 5038 Colbright Road Suite, Apt. #, etc.	
City & State LAKE WORTH FLORIDA Zip 33467		City & State LAKE WORTH FLORIDA Zip 33467	
Country USA		Country USA	
4. FEI Number 61-1462995		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 VICTOR FOWLER 11 TROPICAL DRIVE OCEAN RIDGE, FL 33483		7. Name and Address of New Registered Agent Name Fowler, Victor Street Address (P.O. Box Number is Not Acceptable) 5038 Colbright Road City LAKE WORTH FL Zip Code 33467	
I, the undersigned, submit 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, 2005 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	PRES FOWLER, VICTOR H 11 TROPICAL DRIVE OCEAN RIDGE, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Fowler, Victor H 5038 Colbright Road LAKE WORTH FLORIDA 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOWLER, SUSAN S 11 TROPICAL DRIVE OCEAN RIDGE, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fowler, Susan S 5038 Colbright Road LAKE WORTH FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR FOWLER, SUSAN S 11 TROPICAL DRIVE OCEAN RIDGE, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR Fowler, SUSAN S. 5038 Colbright Road LAKE WORTH FL 33467
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
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: <u>Susan Fowler</u> SUSAN S. Fowler		Date <u>3/9/05</u> Daytime Phone # <u>561 893-2464</u>	