## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

## **ANNUAL REPORT** Apr 25, 2005 08:00 AM **DOCUMENT # P03000028253 Secretary of State** BENTLEY'S BOUQUETS, INC. Principal Place of Business Mailing Address 5005 EDGEWATER DR. 5005 EDGEWATER DR. US ORLANDO, FL 32810 ORLANDO, FL 32810 04222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3746013 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MILLER, DIANE M **5005 EDGEWATER DRIVE** ORLANDO, FL 32810 IN THIS SPACE 5. 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, 910 SIGNATURE. (NOTE: Registered Agent signisture required when reinstaling) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MILLER, DIANE M MAKE STREET ADDRESS 3903 PINE RIDGE RD ORLANDO, FL 32808 CITY-ST-ZIP TITLE U00000327880 04/25/05-80055-016 150.00 MILLER, DIANE M STREET ADDRESS 3903 PINE RIDGE RD CSY-ST-78 ORLANDO, FL 32808 TITLE MILLER, DIANE M NAME STREET ADDRESS 3903 PINE RIDGE RD DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32808 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P 12. I hereby certify that the information supplied with this filling 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.

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