2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90026 018 ***150.00

DOCUMENT # P03000057198

1. Entity Name
PORT CHARLOTTE FLOWER MART INCORPORATED

Principal Place of Business	Mailing Address
4549-G TAMIAMI TRAIL PORT CHARLOTTE, FL 33980	4549-G TAMIAMI TRAIL PORT CHARLOTTE, FL 33980

01242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2401-C Tamiami Tr	P.O. Box 496308
Suite, Apt. #, etc. C	Suite, Apt. #, etc.
City & State Port Charlotte FL	City & State Port Charlotte FL
Zip 33952 Country Charlotte	Zip 33949 Country Charlotte

4. FEI Number 65-1195170 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KORMANN, ROBERT W 4549-G TAMIAMI TRAIL PORT CHARLOTTE, FL 33980	Name Street Address (P.O. Box Number is Not Acceptable) 2401-C Tamiami Tr City Port Charlotte FL Zip Code 33952

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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	PC KORMANN, ROBERT W 4549-G TAMIAMI TRAIL PORT CHARLOTTE, FL 33980 ☐ Delete	☑ Change ☐ Addition 2401-C Tamiami Tr Port Charlotte FL. 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV KORMANN, DEBORAH S 4549-G TAMIAMI TRAIL PORT CHARLOTTE, FL 33980 ☐ Delete	☑ Change ☐ Addition 2401-C Tamiami Tr Port Charlotte, FL. 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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: [signature] / Robert W. Kormann 2/17/05 941-624-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #