



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90233 046 ***150.00

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # P03000071222 1. Entity Name SARASOTA WEDDING FLOWERS, INC. | | | |  | |
| Principal Place of Business 4102 BEE RIDGE ROAD SARASOTA, FL 34233 | | Mailing Address 5900 SOUTH TAMiami TRAIL SUITE 1 SARASOTA, FL 34231 | |  | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 01212004 Chg-P CR2E034 (10/03) | |
| City & State | | City & State | | 4. FEI Number 60-0004960 | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TRACY, CATHERINE L 5900 SOUTH TAMiami TRAIL SUITE 1 SARASOTA, FL 34231 | | | | 7. Name and Address of New Registered Agent Name 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. SIGNATURE: <u><i>Catherine L. Tracy</i></u> DATE: <u>1-20-04</u> <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 <input type="checkbox"/> Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE: P <input type="checkbox"/> Delete NAME: BILARDI, DAVID STREET ADDRESS: 4256 CENTRAL PARKWAY - #316 CITY-ST-ZIP: SARASOTA, FL 34238 | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: V <input type="checkbox"/> Delete NAME: MAJOR, DAVID STREET ADDRESS: 4256 CENTRAL PARKWAY - #316 CITY-ST-ZIP: SARASOTA, FL 34238 | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| 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><i>David Major</i></u> Date: <u>4/16/04</u> Daytime Phone #: <u>921-7488</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |