## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000076055

Entity Name: CAROLINE'S FLOWERS, INC.

FILED Mar 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

203 N. PRIMROSE DRIVE
ORLANDO, FL 32810

203 N. PRIMROSE DRIVE
ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

203 N PRIMROSE DR. 174 SHERIDAN AVENUE ORLANDO, FL 32803 LONGWOOD, FL 32750

FEI Number: 81-0622410 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIBBLE, HELEN
203 N PRIMROSE DR.
ORLANDO, FL 32803 US
DIBBLE, HELEN
174 SHERIDAN AVENUE
LONGWOOD, FL 32750 US

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.

SIGNATURE: 03/14/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PRES (X) Change () Addition

 Name:
 DIBBLE, HELEN
 Name:
 DIBBLE, HELEN

 Address:
 203 N PRIMROSE DR.
 Address:
 174 SHERIDAN AVENUE

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:
 LONGWOOD, FL 32750

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MOINE, DEMETRA
 Name:

 Address:
 174 SHERIDAN AVE.
 Address:

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 FOY, CHRISTINA
 Name:

 Address:
 203 N PRIMROSE DR.
 Address:

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LORENZO, JEŚSICA
 Name:

 Address:
 1921 WINNEBABO TRL.
 Address:

 City-St-Zip:
 FERN PARK, FL 32730
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN DIBBLE PRES 03/14/2005