


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90203 037 \*\*\*150.00

<b>DOCUMENT # P03000089980</b>	
1. Entity Name <b>KELLY'S FLOWERS INC.</b>	

Principal Place of Business <b>132 W STATE ROAD 434 WINTER SPRINGS FL 32708 US</b>	Mailing Address <b>132 W STATE ROAD 434 WINTER SPRINGS FL 32708 US</b>
---	---



2. Principal Place of Business <b>855 E. STATE ROAD 434</b>	3. Mailing Address <b>855 EAST STATE ROAD 434</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

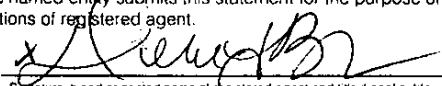
1st MOORE CR2E034 (10/05)

City & State <b>WINTER SPRINGS FL</b>	City & State <b>WINTER SPRINGS FL</b>
Zip <b>32708</b>	Country <b>SEMINOLE</b>
Country <b>SEMINOLE</b>	Zip <b>32708</b>

4. FEI Number <b>13-4262356</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent <b>BLACK, KELLY S 244 ALTAMONTE BAY CLUB CIRCLE #203 ALTAMONTE SPRINGS FL 32701</b>	
--	--

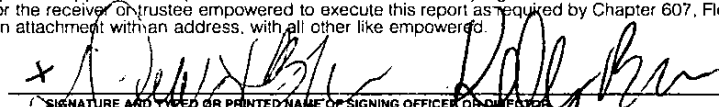
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>260 NORTH DEVON AVE (260 N. DEVON AVE)</b> City <b>WINTER SPRINGS FL</b> Zip Code <b>32708</b>	
---	--

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  DATE <b>3/7/06</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P BLACK, KELLY S 244 ALTAMONTE BAY CLUB CIRCLE, #203 ALTAMONTE SPRINGS FL 32701</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>V BLACK, DEBBIE F 244 ALTAMONTE BAY CLUB CIRCLE #203 ALTAMONTE SPRINGS FL 32708</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>260 N. DEVON AVE. WINTER SPRINGS FL 32708</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>260 N. DEVON AVE. WINTER SPRINGS FL 32708</b>	
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 119, 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:  DATE <b>3/7/06</b>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	