


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90052 035 ***150.00

DOCUMENT # P03000097809			
1. Entity Name KIM E'S FLOWERS, INC.		Principal Place of Business 350 EAST BROAD ST. GROVELAND, FL 34736	
Mailing Address 350 BROAD STREET GROVELAND, FL 34736		2. Principal Place of Business - No P.O. Box # SAME	
3. Mailing Address 350 EAST BROAD ST		Suite, Apt. #, etc.	
City & State GROVELAND, FL		4. FEI Number 87-0707774	
Zip 34736		Country U.S.A.	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEMISON, KIM E 350 BROAD STREET GROVELAND, FL 34736		7. Name and Address of New Registered Agent Name KIM E. JEMISON Street Address (P.O. Box Number is Not Acceptable) 350 EAST BROAD ST. City GROVELAND, FL Zip Code 34736	
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 KIM E. JEMISON, PRES. DATE 1-23-08			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PTD JEMISON, KIM E 350 BROAD STREET GROVELAND, FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address CORRECTION <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 [EAST] BROAD ST. GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JEMISON, RODERICK M 350 BROAD STREET GROVELAND, FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address CORRECTION <input type="checkbox"/> Change <input type="checkbox"/> Addition 350 [EAST] BROAD ST GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 Chapter 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: Roderick M. Jemison SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-23-08 Daytime Phone # (352) 429-1089	



01232008 Chg-P CR2E034 (12/06)