

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114876

Entity Name: BAYWAY BLOSSOMS FLORIST, INC.

FILED
Jan 25, 2005
Secretary of State

Current Principal Place of Business:

5901 SUN BLVD., STE. 110
ST. PETERSBURG, FL 33715

New Principal Place of Business:

Current Mailing Address:

5901 SUN BLVD., STE. 110
ST. PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 20-0335484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGES, RICHARD M
3656 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOVELL, JOHN
Address: 8840 GULF BLVD.
City-St-Zip: ST. PETERSBURG BEACH, FL 33706

Title: STD () Delete
Name: LOVELL, JOHN
Address: 8840 GULF BLVD.
City-St-Zip: ST. PETERSBURG BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: LOVELL, KIM
Address: 8840 GULF BLVD.
City-St-Zip: ST. PETERSBURG BEACH, FL 33706

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: JOHN LOVELL

PRES

01/25/2005

Electronic Signature of Signing Officer or Director

Date