

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114876

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: BAYWAY BLOSSOMS FLORIST, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

3400 GULF BLVD.  
ST. PETERSBURG, FL 33706

## Current Mailing Address:

3400 GULF BLVD  
ST. PETE BEACH, FL 33716

## 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, KIM  
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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KIM LOVELL

STD

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date