

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90019 049 \*\*\*150.00

**DOCUMENT # P03000136491**

1. Entity Name

THE TEA PLANTATION & FLORAL BOUTIQUE, INC.



Principal Place of Business

930 BICHARA BLVD  
LADY LAKE FL 32159

Mailing Address

930 BICHARA BLVD  
LADY LAKE FL 32159

44016206



MOORE CR2E034 (11/03)

2. Principal Place of Business

1105 CANAL ST

Suite, Apt. #, etc.

3. Mailing Address

930 BICHARA BLVD

Suite, Apt. #, etc.

City & State

THE VILLAGES, FL

City & State

THE VILLAGES, FL

Zip

32162

Country

USA

Zip

32159

Country

USA

4. FEJ Number

16-1693295

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLHORN, ERIC  
13710 US HWY 441, STE 100  
THE MILLHORN LAW FIRM  
LADY LAKE FL 32159

7. Name and Address of New Registered Agent

Name

JOHN SUMMERFIELD

Street Address (P.O. Box Number is Not Acceptable)

THE TEA PLANTATION FLORAL BOUTIQUE, INC.  
930 BICHARA BLVD

City

THE VILLAGES

FL

Zip Code

32159

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

24 Feb 2004

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SUMMERFIELD, JOHN  
930 BICHARA BLVD  
LADY LAKE FL 32159 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*John Summerfield* PRESIDENT

24 FEB 04 (352) 753-4222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #