

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90042 034 \*\*\*150.00

**DOCUMENT # P03000136491**

1. Entity Name

THE TEA PLANTATION & FLORAL BOUTIQUE, INC.



Principal Place of Business

1105 CANAL ST.  
THE VILLAGES FL 32162

Mailing Address

930 BICHARA BLVD  
THE VILLAGES FL 32159

2. Principal Place of Business

1101 CANAL STREET

3. Mailing Address

1101 CANAL STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

THE VILLAGES

City & State

THE VILLAGES

Zip

FL 32162

Country

USA

Zip

FL 32162

Country

USA

4. FEI 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

SUMMERFIELD, JOHN  
THE TEA PLANTATION FLRL BTIQUE, INC.  
930 BICHARA BLVD.  
THE VILLAGES FL 32159

7. Name and Address of New Registered Agent

Name **JOHN SUMMERFIELD**

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

1101 CANAL ST

City **THE VILLAGES**

FL

Zip Code **32162**

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

1. 29. 05

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

**After May 1, 2005 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 **D** ☒ Delete  
NAME **SUMMERFIELD, JOHN**  
STREET ADDRESS **930 BICHARA BLVD**  
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **JANICE SUMMERFIELD**  
STREET ADDRESS **1101 CANAL ST**  
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE **D** ☐ Delete  
NAME **RONALD B. MULLIGAN**  
STREET ADDRESS **1101 CANAL ST**  
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE **D** ☐ Delete  
NAME **JUNE A. MULLIGAN**  
STREET ADDRESS **1101 CANAL ST**  
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **JOHN SUMMERFIELD**  
STREET ADDRESS **1101 CANAL ST**  
CITY-ST-ZIP **THE VILLAGES, FL 32162**

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. SUMMERFIELD**

1. 29. 05

Date

352.751.6825

Daytime Phone #