

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91033 010 \*\*\*150.00

<b>DOCUMENT # P03000157154</b> 1. Entity Name <b>JIMMY'S FRESH FLOWERS, INC.</b>					
Principal Place of Business 5714 COCO PALM DR. FT. LAUDERDALE, FL 33319		Mailing Address 5714 COCO PALM DR. FT. LAUDERDALE, FL 33319			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>20-0542891</b> <del>06-1696355</del>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HULL, JOHN H</b> <b>5714 COCO PALM DR.</b> <b>FT. LAUDERDALE, FL 33319</b>				7. Name and Address of New Registered Agent Name <b>JAMES TOMLINSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>5243 NE 14 TERR</b> City <b>POMPANO BEACH</b> <b>FL</b> Zip Code <b>33364</b>	
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. <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> <b>JAMES TOMLINSON</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="text-align: right;">           DATE <b>4/30/04</b> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TOMLINSON, JAMES</b> <input type="checkbox"/> Delete <b>5243 NE 14TH TERR.</b> <b>POMPANO BCH, FL 33364</b>		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	
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 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: <b>JAMES TOMLINSON, D/R</b> <b>4/30/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					