

FLORIDA CORPORATION
ANNUAL REPORT

DOCUMENT # P04000016870

1. Entity Name
MONTI'S FLOWER MARKET, INC.



FILED
Apr 24, 2006 08:00 AM
Secretary of State

Principal Place of Business
1163 COMMERCE AVENUE
VERO BEACH, FL 32960

Mailing Address
1163 COMMERCE AVENUE
VERO BEACH, FL 32960



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0754125 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, SANDRA M
1736 34TH. AVE.
VERO BEACH, FL 32960

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000532318
05/06/06-80079-005 158.75

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME JONES, SANDRA M
STREET ADDRESS 1736 34TH. AVENUE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VP
NAME JONES, SANDRA M
STREET ADDRESS 1736 34TH. AVENUE
CITY-ST-ZIP VERO BEACH, FL 32960

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: S. Montgomery Jones S. Montgomery Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 772/778-9850