

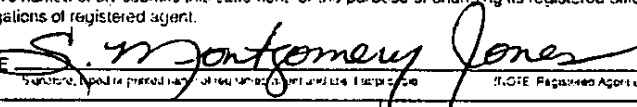
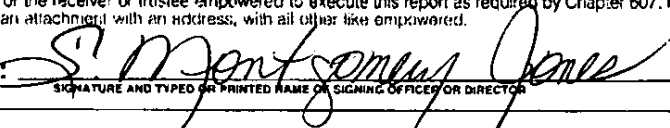


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/20/2008-90004-020-\$150.00-\$150.00

<b>DOCUMENT # P04000016870</b> 1. Entity Name <b>MONTI'S FLOWER MARKET, INC.</b>						<b>FILED</b> <b>08 JUN 13 AM 9:43</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 			
Principal Place of Business 1163 COMMERCE AVENUE VERO BEACH FL 32960		Mailing Address 1163 COMMERCE AVENUE VERO BEACH FL 32960							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number <b>20-0754125</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
JONES, SANDRA M 1736 34TH. AVE. VERO BEACH FL 32960				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL Zip Code	
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:  DATE: _____ <small>Signature, typed or printed name of registered agent and date if applicable. (If OFF: Registered Agent's signature requires when necessary)</small>									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JONES, SANDRA M 1736 34TH. AVENUE VERO BEACH FL 32960	<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	VP JONES, SANDRA M 1736 34TH. AVENUE VERO BEACH FL 32960	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				DATE: _____					