

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035961

FILED
Feb 28, 2005
Secretary of State

Entity Name: A POCKET FULL OF POSIES, INC.

Current Principal Place of Business:

18337 OAKLEAF DRIVE
JUPITER, FL 33458

New Principal Place of Business:

1395 W. INDIANTOWN ROAD
SUITE 16
JUPITER, FL 33458

Current Mailing Address:

18337 OAKLEAF DRIVE
JUPITER, FL 33458

New Mailing Address:

1395 W. INDIANTOWN ROAD
SUITE 16
JUPITER, FL 33458

FEI Number: 83-0385460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN KEUREN, PETER S
514 PRESERVE POINT SOUTH
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RIDDLE, HEIDI
Address: 18337 OAKLEAF DRIVE
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: RIDDLE, BRYAN
Address: 18337 OAKLEAF DRIVE
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDI RIDDLE

D

02/28/2005

Electronic Signature of Signing Officer or Director

_____ Date