## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 30, 2005 8:00 am Secretary of State

DOCUMENT # P0400066966  1. Entity Name CAPE FLORIST, INC.						03-30-2005 90045 030 ***150.00				
Principal Place of Business Mailing Address								500	199000	
8121 CANAVERAL BLVD CAPE CANAVERAL, FL 32920 US		8121 CANAVERAL BLVD CAPE CANAVERAL, FL 32920		US				JUU	32387	
							SCIII EKSA SCIII CSIII I		RIIJE ENIE JEIGE EIKIG AG	H <b>aa</b> i 16 ( <b>aa</b> i
2. Principal Pla	ace of Business	3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			03282005	Chg-P	CF	R2E034 (10/03)	
City & State		City & State	City & State		4. FEI Number 20-105 9520		Ap	plied For		
Zip	Country	Zip	Countr			5 Certificate of Status Desired \$8.75 Additional				
	6. Name and Address of Current	Pagistered Aport							Fee Require	d ————
	o. Halle and Address of Current	uedistatati Waatit		7. Name and Address of New Registered Agent Name						
BOUVIER, PAUL A				DAMIEL J. SNYDER						
3210 N. WICKHAM ROAD				Street Addréss (P.O. Box Number is Not Acceptable)						
5 MELBOURI					<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>				
	,			City	<u> </u>				<b>□</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its register				. (	APE		UZNAL		FL Zip Sod	20
the obligation	named entity submits this statement to ons of registered agent.	r the purpose of changing its	registere	ed office or	registere	ed agent, or both	n, in the State of	Horida.	i am tamiliar with,	and accept
All 121										
SIGNATURE Signature, typed or priving hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financi Trust Fund Contribution.						00 May Be ed to Fees				
10.	OFFICERS AND	I DIRECTORS	11.			ADDITIONS/4	CHANGES TO O	FFICERS	AND DIRECTOR	3 IN 11
TITLE		☐ Delete	TITLE		PAECI				☐ Change	Addition
NAME			NAMI		Anne	SWHOEL	<b></b>			•
STREET ADDRESS City-St-Zip				et address ( -st-zip	_	CANAGEAL		<b>4-</b> -		
TITLE		□ Delete	TITLE		CARE	CANGUEA	0L (=L	3752	_ <del>_</del>	Addition
NAME		□ Delete	NAMI			ec snapec			L.J. Criange	Addition
STREET ADDRESS			STRE	ET AODRESS		CANGUEL	ac aus.			
CITY-ST-ZIP	•	-	СПУ	ST-ZIP		canavara	• -	2510		• •
TITLE		☐ Delete	TITLE		520		t.		☐ Change	Addition
NAME STREET ADDRESS			NAM	ET ADDRESS		116 67140				
CITY-ST-ZIP				ST-ZIP		CANAUSA		3252	v	
TITLE		☐ Delete	TITLE		776		, , ,		☐ Change	<b>☐</b> %ddition
NAME			NAM			enage. s				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS	81	u campura	n Buo,	_	0-	
				ST-ZIP		IRE CANA	varo <u>r</u>	FL	32520	<u></u>
TITLE NAME		☐ Delete	TITLE		1	•			Change	☐ Addition
STREET ADDRESS		,		Et address						
CITY-ST-ZIP			CITY-	ST-ZIP			\			-
TITLE		☐ Delete	TITLE				/ / _		☐ Change	Addition
NAME STREET ADDRESS			MAM	ET ADDRESS			\			
CITY-ST-ZIP				ST-ZIP			\			
12. I hereby ce	ertify that the information supplied with	this filing does not qualify for			ted in Sec	ction 119.07(3)(i	), Florida Statute	s.   furthe	er certify that the in	formation

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 TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #