2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # P04000080105 DAYLILIES GALLERY & GIFTS, INC. 05 HAR 25 PM 1:28 SECRETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 477 WEST DEARBORN STREET **477 WEST DEARBORN STREET** ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212005 CR2E034 (10/03) Chg-P 189310-58 AGBAS/16931 City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code City 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 signsture required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. П Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. OFFICERS AND DIRECTORS 11. DIRECTOR, PRESIDENT, SECRETARY Change Delete TITLE RUBENSTEIN, LEE NAME JUDITH S. PLANK NAME STREET ADDRESS **477 WEST DEARBORN STREET** STREET ADDRESS 171 BUNKER ROAD ROTONDA WEST, FL 36947 CITY-ST-7IP CITY-ST-ZIP ENGLEWOOD, FL 34223 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - \$T-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Detete TITLE TITLE NAME 200049929942 04/05/05--01082--007 **6 STREET ADDRESS STREET ADDRESS **61.25 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it 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 807, 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. JUDITH SPLANK DIRFCTUR SIGNATURE: