

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90239 011 \*\*\*150.00

<b>DOCUMENT # P04000132284</b> 1. Entity Name <b>ORLANDO FLORAL DELIVERY, INC.</b>					
Principal Place of Business <b>7565 RIO PINAR LAKE BLVD ORLANDO FL 32822 US</b>			Mailing Address <b>7565 RIO PINAR LAKE BLVD ORLANDO FL 32822 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>x 20-2145436</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BOSCOE, JAMES P 7565 RIO PINAR LAKE BLVD ORLANDO FL 32822</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE D BOSCOE, JAMES P. <input type="checkbox"/> Delete					
STREET ADDRESS 7565 RIO PINAR LAKE BLVD					
CITY-ST-ZIP ORLANDO FL 32822					
TITLE C,P BOSCOE, JAMES P. <input type="checkbox"/> Delete					
STREET ADDRESS 7565 RIO PINAR LAKE BLVD					
CITY-ST-ZIP ORLANDO FL 32822					
TITLE T,S BOSCOE, JAMES P. <input type="checkbox"/> Delete					
STREET ADDRESS 7565 RIO PINAR LAKE BLVD					
CITY-ST-ZIP ORLANDO FL 32822					
TITLE <input type="checkbox"/> Delete					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete					
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 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: <u>JAMES P. BOSCOE</u> <b>JAMES P. BOSCOE, D</b> 04-22-05 407-489-2566					