

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000142854



1. Entity Name
JDM BOUQUETS, INC.

Principal Place of Business
2633A MAHAN DRIVE
TALLAHASSEE, FL 32308 US

Mailing Address
2633A MAHAN DRIVE
TALLAHASSEE, FL 32308 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112005 Chg-P CR2E034 (10/03)

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DODSON, DEBORAH W
3201 REMINGTON RUN
TALLAHASSEE, FL 32312

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 Deborah W. Dodson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/13/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME DODSON, DEBORAH W
STREET ADDRESS 3201 REMINGTON RUN
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE Change Addition
NAME 600053929926
STREET ADDRESS 05/06/05-01003--006 **150.00
CITY-ST-ZIP

TITLE VP Delete
NAME BENTON, JEANIE R
STREET ADDRESS 706 GLENVIEW DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
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TITLE Change Addition
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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: Deborah W. Dodson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(850)878-6156
Daytime Phone #

MW