## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 25, 2008 8:00 am Secretary of State DOCUMENT # P05000000495 1. Entity Name DESIGNS OF THE TIMES FLORIST, INC. 40032406 Mailing Address Principal Place of Business 2100 MEADOWLANE AVENUE 2100 MEADOWLANE AVENUE WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904 02202008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-2087569 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STOECKER, TINA DO NOT WRITE 2100 MEADOWLANE AVENUE WEST MELBOURNE, FL FL IN THIS SPACE nent or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept The above named entity submits this s the obligations of registered age TINA STOECKER SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE STOECKER, TINA NAME STREET ADDRESS 2100 MEADOWLANE AVENUE CITY-ST-ZIP WEST MELBOURNE, FL 32904 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 truetee 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 d empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**