2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State

DOCUMENT # P05000031058 1. Entity Name ANN'S FLOWERS, INC.						04-07-2006	90027 01	9 ***150).00	
Principal Plac	e of Business	Mailing Address		0.0	Diran					
131 S MCCAI Englewood		- 131 S MCCALL RD Englewood, FL 34223								
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.		032	242006	Chg-P	CR2E0	34 (11/05)		
_City & State		City & State	T-Z	4. F	El Number	79-172	1500		plied For t Applicable	
Zip	Country	Zip 24223	Country	5. (Certificate o	Status Desired		\$8.75 Add	litional	
<u> </u>	6. Name and Address of Current F	34993				Address of New		Fee Required	d	
	t. Name and Address of Current	registered Agent	Name	7	teno uno r	100,000 01 11011	. cog.co.co.co.	-8		
GLIDDEN, EUGENE 12289 NW 35TH ST			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
OCALA, FI										
			City					Zip Code	•	
The above named entity submits this statement for the purpose of changing its registere				FL '						
	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	igistered office or	registered ag	ent, or both	, in the State of F	lorida, i am	iamiliar with,	and accept	
SIGNATURE										
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signatur	re required when re	HOSTATIOG)		DATE			
		 								
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib	ution.	\$5.00 N Added to I	lay Be Fees					
After M	ay 1, 2006 Fee will be \$550.0 OFFICERS AND I	9. Election Campaign Trust Fund Contrib	11.	\$5.00 N Added to I	lay Be Fees	CHANGES TO OF	FICERS AND			
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indicated on this report of suppliemental 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 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: Esque & Challes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-86 941-628-8595
Date Dayline Phone #