

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114169

FILED  
Sep 06, 2006  
Secretary of State

Entity Name: FLOWERS TO GO OF BREVARD, INC

**Current Principal Place of Business:**

700 S. JOHN RODES BLVD  
C2  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

700 S. JOHN RODES BLVD  
C2  
MELBOURNE, FL 32904

**New Mailing Address:**

FEI Number: 20-3434588      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCRANTON, STACY A  
1305 LAKEWOOD DRIVE  
MELBOURNE, FL 32935      US

**Name and Address of New Registered Agent:**

HANSEN, PATRICIA  
4156 AIKEN LANE  
MELBOURNE, FL 32901      US

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.

SIGNATURE: PATRICIA HANSEN      09/06/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SCRANTON, STACY A  
Address: 1305 LAKEWOOD DRIVE  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: HANSEN, PATRICIA  
Address: 4156 AIKEN LANE  
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA HANSEN      P      09/06/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date