


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000135372	
1. Entity Name BLOSSOM HOUSE FLORISTS OF BREVARD, INC.	

Principal Place of Business 1003 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	Mailing Address 1003 E. NEW HAVEN AVENUE MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



02242008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1495142	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLS, YONG H 1003 E. NEW HAVEN AVENUE MELBOURNE, FL 32901

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000841499 03/10/08-80020-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, YONG H 1003 E. NEW HAVEN AVENUE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLS, PAUL J 1003 E. NEW HAVEN AVENUE MELBOURNE, FL 32901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 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: <i>Paul Mills, VP</i>	2-24-08	321-723-3731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #