


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

01-25-2006 90029 039 ***150.00

DOCUMENT # P05000143385					
1. Entity Name PUNTA GORDA POSEY, INC.					
Principal Place of Business 129 E. MARION AVE. PUNTA GORDA, FL 33950			Mailing Address 129 E. MARION AVE. PUNTA GORDA, FL 33950		
2. Principal Place of Business 24313 Henry Morgan Blvd		3. Mailing Address 24313 Henry Morgan Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Punta Gorda, FL		City & State Punta Gorda, FL		4. FEI Number 20-4367115	
Zip 33955		Country USA		Applied For Not Applicable	
Zip 33955		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent TOWSEY, MARCY L 129 E. MARION AVE. PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name Towsey, Marcy L Street Address (P.O. Box Number is Not Acceptable) 24313 Henry Morgan Blvd City Punta Gorda, FL FL Zip Code 33955		
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 <i>Marcy L Towsey</i>		Marcy L Towsey		DATE 1/21/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWSEY, MARCY L 129 E. MARION AVE. PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Towsey, Marcy L 24313 Henry Morgan Blvd Punta Gorda, FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Marcy L Towsey</i>		Marcy L Towsey		DATE 1/21/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 09/16/93773	



ATTACHMENT
 610005212
 #P05000173385

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-4367115 OMB No. 1545-0003																					
1* Legal name of entity (or individual) for whom the EIN is being requested PUNTA GORDA POSEY INC																							
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name																					
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 24313 HENRY MORGAN BLVD		5a Street address (if different) (Do not enter a P.O. box)																					
4b* City, state, and ZIP code PUNTA GORDA FL 33955		5b City, state, and ZIP code																					
6* County and state where principal business is located County CHARLOTTE State FL																							
7a* Name of principal officer, general partner, grantor, owner, or trustee MARCY L TOWSEY		7b* SSN, ITIN, EIN 172-46-5720																					
8a* Type of entity (check only one) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Sole Proprietor (SSN)</td> <td><input type="checkbox"/> Estate (SSN of decedent)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120</td> <td><input type="checkbox"/> Trust (SSN of grantor)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Personal Service</td> <td><input type="checkbox"/> National Guard</td> <td><input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative</td> <td><input type="checkbox"/> Federal government/military</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) ▶</td> <td><input type="checkbox"/> REMIC</td> <td><input type="checkbox"/> Indian tribal government/enterprises</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td>Group Exemption NO. (GEN) ▶</td> <td></td> </tr> </table>			<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/>	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/>	<input type="checkbox"/> Personal Service	<input type="checkbox"/> National Guard	<input type="checkbox"/> State/local government	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC	<input type="checkbox"/> Indian tribal government/enterprises	<input type="checkbox"/> Other (specify) ▶	Group Exemption NO. (GEN) ▶	
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8b* If a corporation, name the state or foreign country (if applicable) where incorporated FL		Foreign country																					
9* Reason for applying (check only one) <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Started new business (specify type) ▶ FLORIST</td> <td><input type="checkbox"/> Banking purpose (specify purpose) ▶</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ▶</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td><input type="checkbox"/> Created a trust (specify type) ▶</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ▶</td> <td></td> </tr> </table>			<input checked="" type="checkbox"/> Started new business (specify type) ▶ FLORIST	<input type="checkbox"/> Banking purpose (specify purpose) ▶		<input type="checkbox"/> Hired employees (Check the box and see line 12)	<input type="checkbox"/> Changed type of organization (specify new type) ▶		<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business		<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶			<input type="checkbox"/> Created a pension plan (specify type) ▶							
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10* Date business started or acquired (month, day, year) OCT 21 2005		11* Closing month of accounting year DEC																					
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ DEC 31 2008																							
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-" <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">Agriculture</td> <td style="width: 10%; text-align: center;">Household</td> <td style="width: 20%; text-align: center;">Other</td> </tr> <tr> <td></td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">0</td> </tr> </table>				Agriculture	Household	Other		-	-	0													
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14* Check box that best describes the principal activity of your business <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental & leasing</td> <td><input type="checkbox"/> Transportation & warehousing</td> <td><input type="checkbox"/> Health care & social assistance</td> <td><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance & insurance</td> <td><input type="checkbox"/> Accommodation & food service</td> <td><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td colspan="5"><input checked="" type="checkbox"/> Other (specify) FLORIST</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input checked="" type="checkbox"/> Other (specify) FLORIST										
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15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. FLOWERS																							
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note if "Yes" please complete lines 16b and 16c																							
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶																							
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN																							
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																							
Third Party Designee	Designee's name DEES & DEES CPAs PA Address and ZIP code 3440 CONWAY BLVD STE2C PORT CHARLOTTE FL 33952	Designee's telephone number (include area code) (941) 629 - 7596 Designee's fax number (include area code) (941) 629 - 7596																					
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ MARCY L TOWSEY Signature ▶ Not Required Date ▶ February 23, 2006 GMT		Applicant's telephone number (include area code) () - - Applicant's fax number (include area code) () - -																					

Marcy L Towsey



ATTACHMENT
66003212

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

PUNTA GORDA POSEY, INC.
24313 HENRY MORGAN BLVD
PUNTA GORDA, FL 33955

Subject: PUNTA GORDA POSEY, INC.

Reference Number: P05000143385

See attached

~~Please be advised~~, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC
ANNUAL REPORTS SECTION