
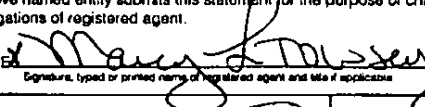
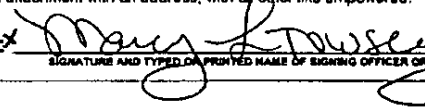


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-25-2006 90029 042 ***150.00

DOCUMENT # P05000143414			
1. Entity Name PUNTA GORDA FLOWER & GIFTS 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	
Zip 33955	Country USA	Zip 33955	Country USA
4. FEI Number 20-4367741		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. 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 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:  Marcy L Towsey DATE: 3/1/2006 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$300.00		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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24313 Henry Morgan Blvd Punta Gorda, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOWSEY, TROY E 129 E. MARION AVE. PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Towsey, Troy E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24313 Henry Morgan Blvd Punta Gorda, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Marcy L Towsey		DATE: 3/1/2006 DAYTIME PHONE: 941-639-3773	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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 20-4367741 OMB No. 1545-0003
1* Legal name of entity (or individual) for whom the EIN is being requested PUNTA GORDA FLOWER & GIFTS 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 trustor MARCY L TOWSEY		7b* SSN, ITIN, EIN 172-46-5720		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated		State FL	Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ FLORIST <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
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) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ DEC 31 2008				
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0"</i> ▶		Agriculture	Household	Other 0
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) FLORIST		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other		
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 <i>Note: If "Yes" please complete lines 16b and 16c</i>				
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 - 7595 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) () -	



ATTACHMENT

66003210

FLORIDA DEPARTMENT OF STATE

Division of Corporations

January 30, 2006

PUNTA GORDA FLOWER & GIFTS INC
24313 HENRY MORGAN BLVD
PUNTA GORDA, FL 33955

Subject: PUNTA GORDA FLOWER & GIFTS INC

Reference Number: P05000143414

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.

/rm

ANNUAL REPORTS SECTION