

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90034 007 ***150.00

DOCUMENT # P93000016802

1. Entity Name
APOLLO BEACH FLOWERS, INC.



Principal Place of Business
228 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572

Mailing Address
228 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572

60019020



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3176939

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CROSBY, FREDERICK L
704 18TH AVENUE SE
RUSKIN, FL 33570

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE V
NAME CROSBY, FREDERICK L JR
STREET ADDRESS 704 18TH AVENUE SE
CITY-ST-ZIP RUSKIN, FL

TITLE P
NAME CROSBY, JANICE L
STREET ADDRESS 704 18TH AVENUE SE
CITY-ST-ZIP RUSKIN, FL

TITLE S
NAME WALKER, DEANA
STREET ADDRESS P.O. BOX 433
CITY-ST-ZIP RUSKIN, FL 33575

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Frederick L. Crosby*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-2006 813-645-0001
Date Daytime Phone #