

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000043995

1. Entity Name
FLORAL OCCASIONS, INC.



Principal Place of Business
4150 HOGSHAD RD
PLYMOUTH, FL 32768 US

Mailing Address
P O BOX 670
PLYMOUTH, FL 32768 US

FILED

04 APR 27 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04/12/04 90319 035 \$150.00
03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3212027

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOGSHEAD, RODNEY C
P O BOX 670
4150 HOGSHEAD RD
PLYMOUTH, FL 32768

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
HOGSHEAD, RODNEY C III
STREET ADDRESS
4150 HOGSHEAD RD
CITY-ST-ZIP
PLYMOUTH, FL 32768

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/04 407-886-1135