



**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000045813 1. Entity Name BOYNTON FLORAL DESIGNS, INC.	
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Principal Place of Business 3469 W BOYNTON BEACH BLVD # 4 BOYNTON BEACH, FL 33436 US	Mailing Address 3469 W BOYNTON BEACH BLVD # 4 BOYNTON BEACH, FL 33436 US
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DO NOT WRITE IN THIS SPACE


04242005 No Chg-P CR2E034 (10/03)
4. FEI Number **85-0419995** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**BRAMS, DANIEL J
1845 PALM BEACH LAKES BLVD
SUITE 1050
WEST PALM BEACH, FL 33401**

**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 restating) DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	000000344347 04/23/05-80132-008 155.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARSON, NORMA P 3469 W BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436
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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:  **NORMA CARSON** **4/24/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

561-736-8378