APPROVED AND FILED PS 1072

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000057238

1. Entity Name
BLOOMING GIFTS FLORIST, INC.

Principal Place of Business	Mailing Address
201 N. WALKER STREET LAKE WALES, FL 33853	201 N. WALKER STREET LAKE WALES, FL 33853

07022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
201 Dr. MLK Boulevard N.	201 Dr. MLK Boulevard N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Wales, FL	City & State: Lake Wales, FL
Zip: 33853 Country: USA	Zip: 33853 Country: USA

4. FEI Number: 59-3192337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIRKLAND, MARION S 600 CARVER DRIVE LAKE WALES, FL 33853	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PMD KIRKLAND, MARION S 600 CARVER DR LAKE WALES, FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCD KIRKLAND, ALBERT SR. 600 CARVER DRIVE LAKE WALES, FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600042392856 11/02/04--01018--007 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 [illegible] 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 [illegible] changed, or on an at[illegible] by name appears in Block 10 or Block 11 if

SIGNATURE: Albert & Marion Kirkland 12/04 863 675-0727
Daytime Phone #

B 272

October 19, 2004

As a follow-up to our telephone conversation on Friday, October 15 concerning our corporation dilemma, please accept this note as confirmation that we did not receive prior notice for payment of corporation fees. We would like to request that the penalty be waived. Thank you for your cooperation.

Albert & Marion Kirkland
Blooming Gifts Florist