

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000057597

1. Entity Name  
FLORIDA FRAGRANCES ETC., INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 20 AM 10:07

Principal Place of Business  
%RIESENBERG  
644 E HALLANDALE BCH BLVD  
HALLANDALE, FL 33009

Mailing Address  
%RIESENBERG  
644 E HALLANDALE BCH BLVD  
HALLANDALE, FL 33009



2. Principal Place of Business  
4221 Sage Meadows Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
4221 Sage Meadows Blvd  
Suite, Apt. #, etc.

09142005 Chg-P CR2E034 (10/03)

City & State  
Jonesboro AR

City & State  
Jonesboro AR

4. FEI Number  
65-0430646

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SAVITT, JOEL A  
20801 BISCAYNE BLVD, STE 506  
N MIAMI BEACH, FL 33180

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25

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	P BEILENSEN, PHILLIP 303 POINCIANA ISLAND DR. SUNNY ISLES, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANA F. JOHNSON 4221 Sage Meadows Blvd Jonesboro AR 72401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEILENSEN, BITTEN 303 POINCIANA ISLAND DR. SUNNY ISLES, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANDALL B. JOHNSON 4221 Sage Meadows Blvd Jonesboro AR 72401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Lana F. Johnson, President 9.14.05 (870) 930-7970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #