


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

5/3/21

**FILED**  
**Jun 17, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91000 045 \*\*\*150.00

DOCUMENT # P93000063126			
1. Entity Name FLOWERS TO FIFTIES, INC.			
Principal Place of Business 2229 MAIN ST FT. MYERS, FL 33901 US		Mailing Address PO BOX 991 FORT MYERS, FL 33902 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KIESEL, CYNTHIA P. 2133 MAIN STREET FT. MYERS, FL 33901		Name: <u>Kiesel, Cynthia P</u> Street Address (P.O. Box Number is Not Acceptable): <u>5210-4 Cedar Bend Drive</u> City: <u>FT Myers</u> FL <u>33907</u>	
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: <u>Cynthia Kiesel</u> DATE: <u>4/26/04</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP PITTS, SHARON K 8830 COLLEGE PKWY FT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Cynthia Kiesel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>Cynthia Kiesel</u>		DATE: <u>4/26/04</u>	DAYTIME PHONE #: <u>239-334-2443</u>

66428479



04292004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0418591 Applied For Not Applicable

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

Name: Kiesel, Cynthia P  
 Street Address (P.O. Box Number is Not Acceptable): 5210-4 Cedar Bend Drive  
 City: FT Myers FL 33907

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: Cynthia Kiesel DATE: 4/26/04

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PITTS, SHARON K 8830 COLLEGE PKWY FT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 SIGNATURE: Cynthia Kiesel  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Cynthia Kiesel  
 DATE: 4/26/04  
 DAYTIME PHONE #: 239-334-2443

Attachment 06428479



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Business Entity Name

FLOWERS TO FIFTIES, INC.

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number 650418591
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No

Principal Place of Business

Address 2229 MAIN ST
Suite, Apt. #, etc.
City, State FT. MYERS FL
Zip Code & Country 33901 US

Mailing Address

Address PO BOX 991
Suite, Apt. #, etc.
City, State FORT MYERS FL
Zip Code & Country 33902 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) KIESEL CYNTHIA P
or- RA Business Name
Address 2133 MAIN STREET
Suite, Apt. #, etc.
City, State FT. MYERS FL
Zip Code & Country 33901 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a

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business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature *Lynthea P Kiesel* 5/1/04  
239-334-2443

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Business Entity Name  
FLOWERS TO FIFTIES, INC.

Election Campaign Financing Trust Fund Contribution  Yes  No

Officer/Director Name And Address

Title VP  
Name (Last, First, Middle, Title) PITTS SHARON K

-or- Entity Name

Street Address 8830 COLLEGE PKWY

City, State FT MYERS FL

Zip Code & Country

Title  
Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title  
Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title  
Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors  No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title: *President*  
Officer/Director Signature: *Cynthia P. Kusef*

*5/10/04*

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Attachment 166428479  
#193000003126



## Division of Corporations

Signature field is required to be completed

Please hit your browsers' BACK arrow and return to the data entry page to correct this error.

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