

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000074374

1. Entity Name
COOPERS WAYSIDE FLOWERS, INC.



Principal Place of Business
107 W SUMMIT ST
WAUCHULA, FL 33873

Mailing Address
PO BOX 730
WAUCHULA, FL 33873



07152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0443714
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, KENNETH A
1013 BRIARWOOD DR
WAUCHULA, FL 33873

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-08-05

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAMBERT, KENNETH A
STREET ADDRESS	1013 BRIARWOOD DR
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	V
NAME	BENNETT, RANDY L
STREET ADDRESS	811 ARROWHEAD LANE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	S
NAME	BENNETT, JANET L
STREET ADDRESS	811 ARROWHEAD LANE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	T
NAME	LAMBERT, EILEEN M
STREET ADDRESS	1013 BRIARWOOD DR
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

JD00000376217
08/11/05-80006-010 550.00

**DO NOT WRITE
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)(f), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-05 863-773-4864
Date Daytime Phone #