


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90289 016 ***150.00

DOCUMENT # P94000031662 1. Entity Name ROSEBUD'S FLORIST, INC.					
Principal Place of Business 13116 N DALE MABRY HWY TAMPA, FL 33618			Mailing Address C/O WALTER SANDERS 16528 N Dale Mabry Hwy 3355 BEARSS AVE TAMPA, FL 33618 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 16528 N. Dale Mabry Hwy			
City & State		City & State Tampa, Florida			
Zip 33618	Country US	4. FEI Number 59-3238705		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01292005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SANDERS, WALTER 3355 BEARSS AVE TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Sanders, Walter Street Address (P.O. Box Number is Not Acceptable) 16528 N. Dale Mabry Hwy City Tampa FL Zip Code 33618		
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>Walter Sanders</u> <u>Walter Sanders</u> <u>2/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D TRIBA, JOHN 11930 DIETZ DR TAMPA, FL 33626	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIBA, HELEN 11930 DIETZ DR TAMPA, FL 33626	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			PRESIDENT John J. Triba		
SIGNATURE: <u>John J. Triba</u> JOHN J. TRIBA			Date <u>4/18/05</u> 813 9605811 <small>Daytime Phone #</small>		