


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90006 017 ***150.00

DOCUMENT # P94000080314 1. Entity Name BOTANICA INTERNATIONAL FLORIST, INC.					
Principal Place of Business 2616 S. MACDILL AVE. TAMPA, FL 33629			Mailing Address 2616 S. MACDILL AVE. TAMPA, FL 33629		
2. Principal Place of Business - No P.O. Box # 4062 Henderson Blvd.		3. Mailing Address 4062 Henderson Blvd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 59-2922879	
Zip 33629		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHECHT, NEIL S 3426 W. KENNEDY BLVD. TAMPA, FL 33609				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 _____ <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, 2008 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 PROSSER, FIONA 824 LUMSDEN RESERVE DR BRANDON, FL 33511	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Fiona Prosser</u> President Director. 2/11/08 8138310965 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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