

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P95000046850

1. Entity Name  
PETAL HEAVEN FLORIST, INC.



Principal Place of Business  
5540 4TH STREET NORTH  
ST. PETERSBURG, FL 33703

Mailing Address  
5540 4TH STREET NORTH  
ST. PETERSBURG, FL 33703



03082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3320581

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

STEWART, JEANNI L  
5040 4TH ST N  
SAINT PETERSBURG, FL 33703

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000754958  
05/22/07-80084-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME STEWART, JEANNI  
STREET ADDRESS 7916 CAUSEWAY BLVD. S  
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

TITLE VPTS  
NAME PRENATT, JEFFREY L  
STREET ADDRESS 7916 CAUSEWAY BLVD. S  
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Jeanni L Stewart* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07  
Date

727-522-0291  
Daytime Phone #