


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000056821

1. Entity Name  
 HARRY'S FAMOUS FLOWERS, INC.



Principal Place of Business: 1252 N. SEMORAN BLVD, ORLANDO, FL 32807

Mailing Address: 1252 N. SEMORAN BLVD, ORLANDO, FL 32807

**DO NOT WRITE IN THIS SPACE**



02282004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3381988 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, CHARLES  
 2518 EDGEWATER DRIVE  
 ORLANDO, FL 32804

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**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

U00000075216  
 03/03/04-80049-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COPELAND, HARRY
HOME ADDRESS	1252 SEMORAN BLVD3
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	D
NAME	COPELAND, DEBORAH C
HOME ADDRESS	1252 N SEMORAN BLVD.
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	
NAME	
HOME ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
HOME ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
HOME ADDRESS	
CITY-ST-ZIP	

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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: *[Handwritten Signature]* *[Handwritten Signature]* 2-28-04 407-249-0500

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #