

**2005 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000093955

1. Entity Name
FLORAL PLANNING AND MARKETING SERVICES, INC.



Principal Place of Business
7380 S.W. 166TH STREET
MIAMI, FL 33157

Mailing Address
7380 S.W. 166TH STREET
MIAMI, FL 33157



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0627729 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARMMER, JOHN-CAMPBELL
7380 S.W. 166TH STREET
MIAMI, FL 33157

**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, 2005 Fee will be \$550.00

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

U00000280548
03/30/05-80025-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME BARMMER, JOHN-CAMPBELL
STREET ADDRESS 7380 S.W. 166TH STREET
CITY-ST-ZIP MIAMI, FL 33157

TITLE T
NAME BARMMER, MARY
STREET ADDRESS 7380 SW 166TH ST
CITY-ST-ZIP MIAMI, FL

TITLE VP
NAME BARMMER, DYLAN
STREET ADDRESS 7380 SW 166TH ST
CITY-ST-ZIP MIAMI, FL

TITLE VP
NAME BARMMER, BRENDAN
STREET ADDRESS 7380 S.W. 166TH STREET
CITY-ST-ZIP MIAMI, FL

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 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:

John Campbell Barmmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 27 2005 305-287-6177