## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 08, 2004 8:00 am Secretary of State

1. Entity Name SIESTA FLOWERS, INC.					)	04-06-200-	4 90001 031 *****	130.00
Principal Place of Business Mailing Address			I		1			
2123 SIEST/	A DR.	<del>-</del>	46 NORTH WASHINGTON BLVD					
		SUITE 1						
SARASOTA, FL 34236						B IENE ONN DEN ESM CO	ite <b>anema</b> eresi <b>wiwa</b> t watan ewali	FEITER: # 1681
Principal Place of Business     3. Mailing Address					-			
		o. Maining Address			B IBNES BUIL SBIIL BREIL BU	ili buru ilili bibuk biluk ibili	OBULET U LEST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232004	Chg-P	CR2E034 (10/03	3)	
City & State		City & State		4. FEI Numb		<b>├</b>	Applied For	
Zip	Country	Zip	Count	try	65-066 5. Certificate	of Status Desired	□ \$8.75 A	
,	6. Name and Address of Current	Pegistered Agent		·	<u> </u>	<u> </u>	Fee Requi	red
Name								
PATTERSON, JOHN				LPS CORPORATE SERVICES, INC.				
46 NORTH WASHINGTON BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)  46 N. WASHINGTON BLVD				
SUITE #1 SARASOTA, FL 34236				SUITE 1		TON BIAND	•	
				City	ΓA		FL Zip Co	4236
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 SIZY/OY								
Signature, lybed or on tied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Signature, lybed or on tied name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOWIII FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be								
After M	ay 1, 2004 Fee will be \$550.	Trust Fund Contri	ibution.		ded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	L CHANGES TO OFF	FICERS AND DIRECTO	RS IN 11
TITLE	DSPT	☐ Delete	TITLE				Change	
NAME	CREIGHTON, G. JAMES III		NAME	E .				
STREET ADDRESS	2123 SIESTA DR.			ET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL		CITY-	-ST-ZIP				
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STREET ADDRESS			NAME STREE	ET ADDRESS				
CITY-ST-ZIP				ST-ZIP				
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NAME		موسدر باسارين باس	NAME			•-		_
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STREET ADDRESS		☐ Delete	TITLE NAME STREE	ET ADORESS ST-ZIP	***************************************		☐ Change	
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