## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000070317

Name:

Address:

City-St-Zip:

2424 ORLANDO CENTRAL PKWY

ORLANDO, FL 32809

Feb 27, 2004 Secretary of State

Entity Name: ROSES DIRECT, INC. **Current Principal Place of Business: New Principal Place of Business:** 2424 ORLANDO CENTRAL PKWY ORLANDO, FL 32809 US **Current Mailing Address: New Mailing Address:** 2424 ORLANDO CENTRAL PKWY ORLANDO, FL 32809 FEI Number: 59-3396641 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRETT, KELLY 2424 ORLANDO CENTRAL PKWY ORLANDO, FL 32809 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition KELLY, BRETT A Name: Name: 2424 ORLANDO CENTRAL PKWY Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: VD Title: Title: () Delete () Change () Addition MCEWEN, TERRY Name: Name: 2424 ORLANDO CENTRAL PKWY Address: Address: ORLANDO, FL 32809 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete SD KELLY, CARRIE M KELLY, CARRIE M Name: Name: 2424 ORLANDO CENTRAL PKWY 2424 ORLANDO CENTRAL PKWY Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32809 Title: () Delete Title: (X) Change ( ) Addition MCEWEN, JR W MCEWEN, WILLIAM JR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

2424 ORLANDO CENTRAL PKWY

ORLANDO, FL 32809

SIGNATURE: BRETT A KELLY MR 02/27/2004