2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000001311

1. Entity Name
EURO-FLORIST, INC.

Principal Place of Business	Mailing Address
2435 S 3RD ST JACKSONVILLE BEACH, FL 32250 US	2435 S 3RD ST JACKSONVILLE BEACH, FL 32250 US

DO NOT WRITE IN THIS SPACE

01122005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3420211	Not Applicable

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

6. Name and Address of Current Registered Agent

SHEETS, MARC D
130 12TH AVE. SOUTH
JACKSONVILLE, FL 32250

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	

10.   OFFICERS AND DIRECTORS

IIII00000181511
01/14/05--80050--021 150.00

TITLE	DS
NAME	SHEETS, MARC D
STREET ADDRESS	130 12TH AVE. SOUTH
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250

TITLE	
NAME	
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CITY - ST - ZIP	

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CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 1-13-05   904-241-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #