

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90001 004 \*\*\*150.00

<b>DOCUMENT # P97000019167</b> 1. Entity Name <b>FLORAL CREATIONS BY BARBIE, INC.</b>			
Principal Place of Business <b>17262 MELLE LANE JUPITER, FL 33478</b>		Mailing Address <b>17262 MELLE LANE JUPITER, FL 33478</b>	
2. Principal Place of Business <i>17262 Mellen Lane</i> Suite, Apt. #, etc. <i>Jupiter</i> City & State <i>Jupiter, Fla.</i> Zip <i>33478</i>		3. Mailing Address <i>17262 Mellen Lane</i> Suite, Apt. #, etc. <i>Jupiter, Fla.</i> City & State <i>Jupiter, FL.</i> Zip <i>33478</i>	
Country <i>WPB</i>		Country <i>WPB</i>	
4. FEI Number <b>65-0745291</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BROOKS, BRUCE A 17262 MELLE LANE JUPITER, FL 33478</b>		7. Name and Address of New Registered Agent  Name <i>Barbie Brooks</i> Street Address (P.O. Box Number is Not Acceptable) <i>17262 Mellen Lane</i> City <i>Jupiter</i> <b>FL</b> Zip Code <i>33478</i>	
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 <i>Barbie Brooks</i> DATE <i>5/26/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>BROOKS, BARBIE 17262 MELLE LANE JUPITER, FL 33478</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Barbie Brooks</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>5/26/05</i> Daytime Phone # <i>954-410-2872</i>	



50053097

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 17, 2005

FLORAL CREATIONS BY BARBIE, INC.  
17262 MELLE LANE  
JUPITER, FL 33478

SUBJECT: FLORAL CREATIONS BY BARBIE, INC.  
Ref. Number: P97000019167

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 905A00035235

*5/26/05 mailing again w/ corrections*