


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90044 021 \*\*\*150.00


<b>DOCUMENT # P97000039028</b>	
1. Entity Name <b>ALOMA FLORIST, INC.</b>	

Principal Place of Business <b>2050 SEMORAN BLVD 128 WINTER PARK FL 32792</b>	Mailing Address <b>2050 SEMORAN BLVD 128 WINTER PARK FL 32792</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

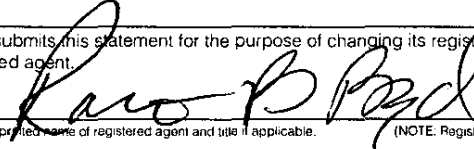
City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

	
MOORE	CR2E034 (11/03)
4. FEI Number <b>59-3119060</b>	Applied For <input type="checkbox"/> Not Applicable

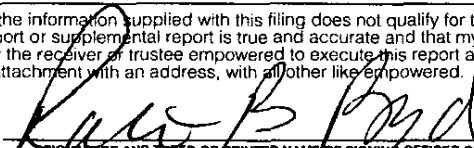
6. Name and Address of Current Registered Agent <b>BOYD, ROBERT B <del>1710 SHEARWATER POINT #108 CASSELBERRY FL 32707</del></b>	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE <b>4/20/04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOYD, ROBERT B <del>1710 SHEARWATER POINT #108 CASSELBERRY FL 32707</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOYD, ROBERT B. 2750 CHADDSFORD CIRCLE #200 OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYD, KERRIE J 2750 CHADDSFORD CIRCLE #200 OVIEDO FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: 	DATE <b>4/20/04</b> DAYTIME PHONE # <b>407/678-4616</b>