


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000041277	
1. Entity Name JULIA'S FLORIST AND GIFTS, INC.	

Principal Place of Business 761 CORTARO DRIVE SUN CITY, FL 33573	Mailing Address 761 CORTARO DRIVE SUN CITY, FL 33573
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DO NOT WRITE IN THIS SPACE



07082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3440825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent HINES, JAMES P 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606	DO NOT WRITE IN THIS SPACE
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000374319 07/25/05-80004-016 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMPSON, JULIA A 9843 BRANTLEY ROAD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMPSON, TERRELL RICK 9843 BRANTLEY ROAD LITHIA, FL 33547
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IN THIS SPACE**

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: Julia A. Simpson Julia A Simpson President 7-20-05 813633-2204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #