

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000056778
 1. Entity Name
ORCHIDS ONLY, INC.



Principal Place of Business Mailing Address
11313 SW 69 CT **11313 SW 69 COURT**
MIAMI, FL 33156 **MIAMI, FL 33156**



DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0764840 Not Applicable

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

6. Name and Address of Current Registered Agent

NEEDELL, JOAN R
11313 SW 69 CT
MIAMI, FL 33156

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 _____ (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

100100178684
 01/12/05-80039-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP NEEDELL, JOAN R 11313 SW 69 CT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEEDELL, JOAN R 11313 SW 69 CT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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)(l), 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: *Joan R Needell*