


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2004 90027 040 ***150.00


DOCUMENT # P97000091327

1. Entity Name
ARTISTIC FLORIST CREATIONS, INC.



Principal Place of Business ARTIST FLORIST CREATION INC. 351 DR. MM BETHUNE BLD. DAYTONA BEACH, FL 32114	Mailing Address ARTIST FLORIST CREATION INC. 351 DR. MM BETHUNE BLD. DAYTONA BEACH, FL 32114
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3474897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHURCHMAN, RICHARD K CPA
 1255 MASON AVE.
 DAYTONA BEACH, FL 32117**

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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 Derrick Goss Derrick Goss 4-19-04
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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Goss, DONEL <u>Goss Derrick</u> 351 DR. MM BETHUNE BLVD. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Goss, DEBRA D. <u>Goss Debra D.</u> 351 DR. MM BETHUNE BLVD. DAYTONA BEACH, FL 32114
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Derrick Goss Derrick Goss 4-19-04 386 259 8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #