

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000105551

1. Entity Name
PERFECT ROSES, INC.



Principal Place of Business

6131 ANDERSON ROAD
K
TAMPA, FL 33634

Mailing Address

6131 ANDERSON ROAD
K
TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3481549

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, KENNETH E
3207 MORRISON AVENUE
TAMPA, FL 33629

**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

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PT
NAME LEE, KEN
STREET ADDRESS 6131 ANDERSON ROAD, SUITE K
CITY - ST - ZIP TAMPA, FL 33634

TITLE V
NAME CANNON, JAMIE
STREET ADDRESS 6131 ANDERSON ROAD, SUITE K
CITY - ST - ZIP TAMPA, FL 33634

TITLE V
NAME CARRUTHERS, JOHN
STREET ADDRESS 6131 ANDERSON ROAD, SUITE K
CITY - ST - ZIP TAMPA, FL 33634

TITLE S
NAME YANEZ, ARMANDO
STREET ADDRESS 6131 ANDERSON ROAD, SUITE K
CITY - ST - ZIP TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000165156
07/12/04-80001-022 150.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Cannon 7/8/04

Date

(813)249-6611

Daytime Phone #