


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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<b>DOCUMENT # P98000004906</b> 1. Entity Name CITY FLOWER SHOP, INC.						2006 OCT 10 AM 9:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1823 HILLVIEW ST SARASOTA, FL 34239				Mailing Address 5824 BEE RIDGE RD 319 SARASOTA, FL 34233			
2. Principal Place of Business 2251 N. WASHINGTON BLVD SARASOTA, FL				3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.			
City & State SARASOTA, FL				City & State City & State			
Zip 34234		Country SARASOTA		Zip Zip		Country Country	
6. Name and Address of Current Registered Agent VAN NOSTRAND, ROBERT 1823 HILLVIEW ST SARASOTA, FL 34239				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: <i>Robert Van Nostrand</i> (NOTE: Registered Agent signature required when reinstating) DATE:							
<b>FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: D NAME: VAN NOSTRAND, ROBERT STREET ADDRESS: 1823 HILLVIEW ST CITY-ST-ZIP: SARASOTA, FL 34239				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 000080692700 CITY-ST-ZIP: 10/10/06--01068--003 **150.00			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.							
SIGNATURE: <i>Robert Van Nostrand</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				9-20-06 Date			
Daytime Phone #							

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THE CITY FLOWER SHOP DIDN'T RECEIVE  
THE ANNUAL REPORT EARLY THIS YEAR BECAUSE  
THERE <sup>WAS A</sup> QUESTION IN THE ADDRESS.

OUR RECORDS HAVE ALWAYS SHOWED THAT  
WE HAVE RECEIVED THE ANNUAL REPORT AND PAID  
IT IN A TIMELY FASHION.

RESPECTFULLY  
