

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90040 032 ***150.00

DOCUMENT # P98000006479 1. Entity Name COUNTRY GARDEN FLOWERS, INC.			
Principal Place of Business 2731 COLLIER PARKWAY LAND O' LAKES, FL 34639		Mailing Address 2731 COLLIER PARKWAY LAND O' LAKES, FL 34639	
2. Principal Place of Business 2410 RADEN DRIVE Suite, Apt. #, etc.		3. Mailing Address 2410 RADEN DRIVE Suite, Apt. #, etc.	
City & State LAND O' LAKES FL Zip 34639 Country USA		City & State LAND O' LAKES, FL Zip 34639 Country USA	
4. FEI Number 59-3487456		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, PATRICIA A 2731 COLLIER PARKWAY LAND O' LAKES, FL 34639		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>Patricia A. Martinez</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>2-19-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, PATRICIA A 7853 BELCHER LANE LAND O' LAKES, FL 34639	<input type="checkbox"/> Delete	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: <i>Patricia A. Martinez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>2-19-05</i> Daytime Phone # <i>813 949-4483</i>	