

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000016626

1. Entity Name

B-HIVE FLOWERS & GIFTS, INC.



Principal Place of Business

720 NORTH 15TH STREET
IMMOKALEE, FL 34142

Mailing Address

720 NORTH 15TH STREET
IMMOKALEE, FL 34142



03202006 No Chg-F CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3499410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STARLING, BERNADETTE
720 N 15 ST
IMMOKALEE, FL 34142

**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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000522253
05/03/06-80022-019 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME STARLING, HENRY BENSON JR
STREET ADDRESS 720 N 15TH ST
CITY-ST-ZIP IMMOKALEE, FL 34142

TITLE D
NAME STARLING, BERNADETTE
STREET ADDRESS 720 N 15TH ST
CITY-ST-ZIP IMMOKALEE, FL 34142

TITLE D
NAME STARLING, HENRY BENSON III
STREET ADDRESS P.O. BOX 2857 N/A
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Bernadette Starling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 239657-5102
Date Daytime Phone #