


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| DOCUMENT # P98000061768                          |   |  |
| 1. Entity Name<br>ST. CLOUD FLORIST SHOPPE, INC. |   |   |
| Principal Place of Business                      | Mailing Address                           |   |
| 2018 13TH STREET<br>SAINT CLOUD, FL 34769        | 2018 13TH STREET<br>SAINT CLOUD, FL 34769 |   |



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-3522552  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                  | <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
| ROBERTS, TERRY LEE<br>2665 HILLIARD COURT<br>KISSIMMEE, FL 34744 |  |

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

|  |  |   |
|--|--|---|
| 10. OFFICERS AND DIRECTORS                     |  | <p>000000239820<br/>02/22/05-800007-010 150.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RUSSELL, ROBERT D<br>200 NORTH FEDERAL HIGHWAY<br>POMPANO BEACH, FL 33062 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEPPEN, RONALD L<br>200 NORTH FEDERAL HIGHWAY<br>POMPANO BEACH, FL 33062  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROBERTS, TERRY L<br>1717 BOGGY CREEK ROAD<br>KISSIMMEE, FL 34744          |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |   |

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: Terry Lee Roberts TERRY LEE ROBERTS 2/3/05 407-847-9040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #