

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90450 025 \*\*\*150.00

**DOCUMENT # P98000070355**

1. Entity Name

DEE'S FLORIST INC.



Principal Place of Business

1001 OLD DIXIE HIGHWAY  
RIVERA BEACH FL 33404  
US

Mailing Address

1001 OLD DIXIE HIGHWAY  
RIVERA BEACH FL 33404  
US

**24073331**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0252571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUNNINGHAM, MALLORYE  
2224 EMBASSY DRIVE  
WEST PALM BEACH FL 33401

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME CUNNINGHAM, DENEAL  
STREET ADDRESS 201 AVENUE "H"  
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE VPD ☐ Delete  
NAME CUNNINGHAM, MALLORYE  
STREET ADDRESS 2224 EMBASSY DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE SD ☐ Delete  
NAME CUNNINGHAM, NEALIA  
STREET ADDRESS 201 AVENUE "H"  
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE D ☐ Delete  
NAME DILLINGHAM, KEESHA  
STREET ADDRESS 4121 HADEN AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

*Deneal Cunningham*

4/29/04

561-844-0606