

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000013949 1. Entity Name ABAGAIL'S FLORIST OF FORT PIERCE, INC.	
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Principal Place of Business 5184 FEEDER RD., LAKEWOOD PARK PLAZA FT. PIERCE, FL 34951	Mailing Address 5184 FEEDER RD., LAKEWOOD PARK PLAZA FT. PIERCE, FL 34951
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03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0889117	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHISTLER, CINDY
1290 SE NANCY LANE
PT. ST. LUCIE, FL 34983**

**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 _____ (NOTE: Registered Agent signature required when constituting) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHISTLER, CINDY 1290 SE NANCY LANE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WHISTLER, ROSS 1290 SE NANCY LANE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PARKER, TINA 1290 SE NANCY LANE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/05/04-80063-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #