

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000038725

1. Entity Name
FLORAL & GOURMET, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL -9 AM 10:15

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Principal Place of Business
141 STEVENS AVENUE
OLDSMAR, FL 34677

Mailing Address
141 STEVENS AVENUE
OLDSMAR, FL 34677

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3570819

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

BEITZEL, CASSANDRA P
141 STEVENS AVENUE
OLDSMAR, FL 34677

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
DST
THOMSON, PETER A
10710 GALLOP PLACE
TAMPA, FL 33626 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
BEITZEL, CASSANDRA P.
17633 GUNN HWY #104
ODESSA, FL 33556 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
THOMSON, ANNETTE J
10710 GALLOP PLACE
TAMPA, FL 33626 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
BARINGER, CLARA A.
17633 GUNN HWY #104
ODESSA, FL 33556 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100039313821
07/19/04--01081--007 **61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

CASSANDRA P. BEITZEL, PRES. 7-7-04 813-854-1673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #