


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000050049</b> 1. Entity Name FRIENDLY FLORIST OF CRESTVIEW, INC.	
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Principal Place of Business 590 FERDON BOULEVARD CRESTVIEW, FL 32536	Mailing Address 590 FERDON BOULEVARD CRESTVIEW, FL 32536
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**DO NOT WRITE IN THIS SPACE**



04302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3576451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLINGSHEAD, SUSAN H  
3086 APLIN ROAD  
CRESTVIEW, FL 32539

**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOLLINGSHEAD, SUSAN H 3086 APLIN ROAD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000561285  
05/19/06-80008-012 150.00

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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: Susan H Hollingshead 4/29/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*by Michael S. Duffie, Agent*