# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2005**
**Secretary of State**

DOCUMENT# P99000080325

**Entity Name:** PARTIES & PETALS, INC.

**Current Principal Place of Business:**

301 SO 6TH STREET
FT. PIERCE, FL 34950

**New Principal Place of Business:**

210 NORTH 2ND STREET
SUITE B
FT. PIERCE, FL 34950

**Current Mailing Address:**

301 SO 6TH STREET
FT. PIERCE, FL 34950

**New Mailing Address:**

210 NORTH 2ND STREET
SUITE B
FT. PIERCE, FL 34950

**FEI Number: 65-0947974** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHANNON, PATRICIA M
301 SO 6TH STREET
FT. PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

CHANNON, PATRICIA M
210 NORTH 2ND STREET
SUITE B
FT. PIERCE, FL 34950 US

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.

SIGNATURE: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DVS (X) Delete
Name: VARN, SUZANNE B
Address: 3433 GORDY RD.
City-St-Zip: FT. PIERCE, FL 34945

Title: DPT ( ) Delete
Name: CHANNON, PATRICIA M
Address: 7995 PLANTATION LAKES DR.
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M. CHANNON DPT 04/29/2005
Electronic Signature of Signing Officer or Director — Date