

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000095221

1. Entity Name  
KIMBERLY'S FLORIST, INC.



Principal Place of Business  
3531 N FEDERAL HWY  
BOCA RATON, FL 33431

Mailing Address  
3531 N FEDERAL HWY  
BOCA RATON, FL 33431



01242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1630403

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NED KIMMELMAN P.A.  
2424 N FEDERAL HWY  
SUITE 157  
BOCA RATON, FL 33431

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SYLVIS, FRANK P  
STREET ADDRESS 3531 NO FEDERAL HWY  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D  
NAME KIMMELMAN, PAMELA  
STREET ADDRESS 3531 NO FEDERAL HWY  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D  
NAME PERSCHL, DEB  
STREET ADDRESS 3531 NO FEDERAL HWY  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(f), 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: *Frank Sylvis Jr* FRANK SYLVIS 1-27-05 392-760-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #