


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90220 001 ***300.00

DOCUMENT # S35374	
1. Entity Name FLOWERS OF PINELLAS, INC.	

Principal Place of Business P.O. BOX 4187 SEMINOLE FL 33775-4187 US	Mailing Address P.O. BOX 4187 SEMINOLE FL 33775-4187 US
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2. Principal Place of Business P.O. BOX 2765	3. Mailing Address P.O. BOX 2765
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State OCALA FL	City & State OCALA FL
Zip 34478	Country USA
Zip 34478	Country USA

4. FEI Number 59-3070932	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOYLE, JACK R JR. 1206 PASADENA AVENUE S SAINT PETERSBURG FL 33707	
7. Name and Address of New Registered Agent 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 JACK R. BOYLE JR. Signature, typed or printed name of registered agent and title if applicable	JACK R. BOYLE JR. president (NOTE: Registered Agent signature required when reinstating)
	4/29/05 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOYLE, JACK R JR. PO BOX 4187 SEMINOLE FL 33775-4187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
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SIGNATURE: JACK R. BOYLE JR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/29/05 Date	727-392-1000 Daytime Phone #
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