

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90186 044 \*\*\*150.00

40070081



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                                                                     |                                                                   |                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT# S35374</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |                                                                                     |                                                                   |                                                                                                                                  |  |
| 1. Entity Name<br>FLOWERS OF PINELLAS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |                                                                                     |                                                                   |                                                                                                                                  |  |
| Principal Place of Business<br>P.O. BOX 2765<br>OCALA, FL 34478 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                                     | Mailing Address<br>P.O. BOX 2765<br>OCALA, FL 34478 US            |                                                                                                                                  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                                     | 3. Mailing Address                                                |                                                                                                                                  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                                                     | Suite, Apt. #, etc.                                               |                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      |                                                                                     | City & State                                                      |                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                              | Zip                                                                                 | Country                                                           | 04242006 Chg-P CR2E034(11/05)                                                                                                    |  |
| 4. FEIN Number<br>59-3070932                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      |                                                                                     |                                                                   | Applied For<br>Not Applicable                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                     |                                                                   | \$8.75 Additional Fee Required                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br>BOYLE, JACK R. JR.<br>1206 PASADENA AVENUES<br>SAINT PETERSBURG, FL 33707                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                                                     |                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 obligation of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      |                                                                                     |                                                                   |                                                                                                                                  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-instating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                      |                                                                                     |                                                                   |                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                   | \$5.00 May Be Added to Fees                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PSTD<br>BOYLE, JACK R. JR.<br>PO BOX 4187<br>SEMINOLE, FL 33775 4187 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                  |  |
| 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: <i>Jack R. Boyle Jr.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      | JACK R. BOYLE JR.                                                                   |                                                                   | 4/25/06 (727) 392-1000                                                                                                           |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      | Date                                                                                |                                                                   | Daytime Phone #                                                                                                                  |  |