

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S66984

1. Entity Name

SHOWERS OF FLOWERS FLORIST, INC.



FILED

04 OCT 25 PM 3: 03

Principal Place of Business

3333 N. TAMiami TRAIL  
SUITE 230  
SARASOTA FL 34234  
US

Mailing Address

3333 N. TAMiami TRAIL  
SUITE 230  
SARASOTA FL 34234  
US

SECRETARY OF STATE  
RECEIVED  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0273167

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITCOMBE, CONSTANCE C  
3333 N. TAMiami TRAIL  
SARASOTA FL 34234

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

*Constance C. Whitcombe*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/1/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME WHITCOMBE, CONSTANCE C  
STREET ADDRESS 3333 N. TAMiami TRAIL  
CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Constance C. Whitcombe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/04

State of Florida  
Department of State

Certificate of Administrative Dissolution or Revocation

The below named entity having failed to file its 2004 annual report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 17, 2004.

Entity Name: SHOWERS OF FLOWERS FLORIST, INC.

Document Number: S66984



Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, the 17<sup>th</sup> day of September, 2004.

Glenda E. Hood  
Secretary of State



TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.