

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S82471</b>	
1. Entity Name LABELLE FLORIST & GIFTS, INC.	
Principal Place of Business 82 MAIN STREET P.O. BOX 1529 LABELLE, FL 33975 US	Mailing Address 82 MAIN STREET P.O. BOX 1529 LABELLE, FL 33975 US
<b>DO NOT WRITE IN THIS SPACE</b>	



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0294501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CRAFT, JOANNE 82 MAIN STREET LABELLE, FL 33935
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**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CRAFT, JOANNE 82 MAIN STREET LABELLE, FL 33935
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03/29/04-80053-015 150.00

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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.

SIGNATURE *Jo Anne Craft*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JOANNE CRAFT*  
*PRESIDENT 3/25/2004 863-675-4800*  
Date Daytime Phone #