


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

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| DOCUMENT # S82471 * |  |
| 1. Entity Name LABELLE FLORIST & GIFTS, INC. | |

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|--|--|
| 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 |
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01162005 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEI Number 65-0294501 | Applied For Not Applicable |
| 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 CRAFT, JOANNE 82 MAIN STREET LABELLE, FL 33935 |
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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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP | PS CRAFT, JOANNE 82 MAIN STREET LABELLE, FL 33935 |
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01/21/05-80061-015 150.00

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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)(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: Jo Anne Craft JOANNE CRAFT 1/17/2005 863-675-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #