

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90056 047 ***150.00

DOCUMENT # S99485 1. Entity Name THE FLOWER CENTRE OF ST. PETERSBURG, INC.					
Principal Place of Business 2500 DR M.L. KING ST SAINT PETERSBURG FL 33704			Mailing Address 2500 DR M.L. KING ST SNELL ISLE PLAZA SAINT PETERSBURG FL 33704 <i>delete Snell</i>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1st MOORE CR2E034 (10/06)	
4. FEI Number 59-3099193				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SLICK, JOSEPH L 1343 SNELL ISLE BLVD N.E. SNELL ISLE PLAZA ST PETERSBURG FL 33704 <i>New Address</i>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THE FLOWER CENTRE 2500 Dr. M.L. King St. N St. Petersburg, FL 33704				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 <i>[Signature]</i> (NOTE: Registered Agent signature required when constituting) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIMONEAU, WILFRED J 8410 17TH WAY NORTH ST PETERSBURG FL 33702-2857	<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	VST SLICK, JOSEPH L 8410 17TH WAY NORTH ST PETERSBURG FL 33702-2857	<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 exemptions contained in Section 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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>April 20, 2007</i> Daytime Phone # <i>727 823.3432</i>		