

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90054 012 ***150.00

DOCUMENT # V51757

1. Entity Name

MKT FLOWERS, INC.



Principal Place of Business

920 NORTH LAKE BLVD.
N. PALM BEACH FL 33408
US

Mailing Address

920 NORTH LAKE BLVD.
N. PALM BEACH FL 33408
US

50014389



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

11848 BUTTERNUT ST

3. Mailing Address

11848 BUTTERNUT ST.

Suite, Apt. #, etc.

Palm Beach Gardens

Suite, Apt. #, etc.

Palm Beach Gardens

City & State

FL 33410 US

City & State

FL 33410 US

Zip

Country

Zip

Country

4. FEI Number

65-0344381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARMOUR, ALAN I., II
1645 PALM BCH. LAKES BLVD.
S-1200
W PALM BCH. FL 33401**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 **D** ☐ Delete
NAME **MARINO, LOUIS V.**
STREET ADDRESS **920 NORTH LAKE BLVD.**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☐ Delete
NAME **MARINO, MARY K.**
STREET ADDRESS **920 NORTH LAKE BLVD.**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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 **MARINO LOUIS V.**
STREET ADDRESS **11848 BUTTERNUT ST.**
CITY-ST-ZIP **Palm Beach Gardens FL 33410**

TITLE ☒ Change ☐ Addition
NAME **MARINO MARY K.**
STREET ADDRESS **11848 BUTTERNUT ST.**
CITY-ST-ZIP **Palm Beach Gardens FL 33410**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #