


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-02-2004 90068 036 ***150.00

DOCUMENT # P03000037420
 1. Entity Name
FABULOUS FLOWERS, INC.



Principal Place of Business Mailing Address
2780 N. FLORIDA AVENUE, SUITE 3 HERNANDO FL 34442 **P.O. BOX 1401 HERNANDO FL 34442**

66412496



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 **141879188**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MCLAUGHLIN, MARGARET L
 9090 S. WATERVIEW DRIVE
 FLORAL CITY, FL 34436**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004: Fee will be \$350.00
 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	President	<input type="checkbox"/> Delete
NAME	Margaret L. McLaughlin	
STREET ADDRESS	9090 S. Waterview Dr.	
CITY-ST-ZIP	Floral City FL 34436	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Stefanie Cutler	
STREET ADDRESS	9051 E. Silver Oaks Trail	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Stefanie Cutler	
STREET ADDRESS	9051 E. Silver Oaks Trail	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Margaret L. McLaughlin	
STREET ADDRESS	9090 S. Waterview Dr.	
CITY-ST-ZIP	Floral City, FL 34436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Margaret L. McLaughlin **3-29-04** **352-637-9650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #