

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855808

Entity Name: FLORIMOR INC.

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

% PHILIP J. DAVIS  
100 INGALLS DRIVE  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

% PHILIP J. DAVIS  
100 INGALLS DRIVE  
PENSACOLA, FL 32506

**New Mailing Address:**

FEI Number: 59-2101643      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, PHILIP J  
100 INGALLS DRIVE  
PENSACOLA, FL 32506      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TILLMAN, GEORGES  
Address: 24 CHEMIN DES CLOCHETTES  
City-St-Zip: GENEVA, SWITZERLAND,

Title: SD ( ) Delete  
Name: FAUST, DANIELLE  
Address: 2 RUE OSCAR BIDER  
City-St-Zip: GENEVA, SWITZERLAND,

Title: TD ( ) Delete  
Name: COUTURIER, ETIENNE  
Address: 13 RUE JOSEPH PASQUIER  
City-St-Zip: GENEVA, SWITZERLAND,

Title: POA ( ) Delete  
Name: DAVIS, PHILIP J  
Address: 100 INGALLS DR  
City-St-Zip: PENSACOLA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP J. DAVIS

POA

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date