


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # F93000000428
 1. Entity Name
 CONTINENTAL WHOLESALE FLORISTS, INC.



Principal Place of Business
 11122 IOTA DR.
 SAN ANTONIO, TX 78217

Mailing Address
 11122 IOTA DR.
 SAN ANTONIO, TX 78217

DO NOT WRITE IN THIS SPACE



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number
 74-1360777 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL, HARLAN L ESQUIRE
 431 E. NEW YORK AVENUE
 DELAND, FL 32721-2087

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistening)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EVERETT, LARSON
STREET ADDRESS	11122 IOTA DRIVE
CITY-ST-ZIP	SAN ANTONIO, TX 78217
TITLE	DV
NAME	EVERETT, JEROME
STREET ADDRESS	11122 IOTA DRIVE
CITY-ST-ZIP	SAN ANTONIO, TX 78217
TITLE	DV
NAME	EVERETT, JAMES
STREET ADDRESS	11122 IOTA DRIVE
CITY-ST-ZIP	SAN ANTONIO, TX 78217
TITLE	STD
NAME	EVERETT, JAMES
STREET ADDRESS	11122 IOTA DRIVE
CITY-ST-ZIP	SAN ANTONIO, TX 78217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000637840
 02/27/07-80006-005 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 2/12/07 DAYTIME PHONE #: (210) 654-6543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR