

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000428

FILED
Jun 16, 2009
Secretary of State

Entity Name: CONTINENTAL WHOLESALE FLORISTS, INC.

Current Principal Place of Business:

11122 IOTA DR.
SAN ANTONIO, TX 78217

New Principal Place of Business:

Current Mailing Address:

11122 IOTA DR.
SAN ANTONIO, TX 78217

New Mailing Address:

FEI Number: 74-1360777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL, HARLAN L ESQUIRE
431 E. NEW YORK AVENUE
DELAND, FL 327212087 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EVERETT, LARSON
Address: 11122 IOTA DRIVE
City-St-Zip: SAN ANTONIO, TX 78217

Title: DV () Delete
Name: EVERETT, JEROME
Address: 11122 IOTA DRIVE
City-St-Zip: SAN ANTONIO, TX 78217

Title: DV () Delete
Name: EVERETT, JAMES
Address: 11122 IOTA DRIVE
City-St-Zip: SAN ANTONIO, TX 78217

Title: STD () Delete
Name: EVERETT, JAMES
Address: 11122 IOTA DRIVE
City-St-Zip: SAN ANTONIO, TX 78217

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: JAMES EVERETT

DV

06/16/2009

Electronic Signature of Signing Officer or Director

_____ Date