

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001129

FILED
May 12, 2009
Secretary of State

Entity Name: WAKULLA FLORIST AND GIFT SHOP INC

Current Principal Place of Business:

3076 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

3070 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

Current Mailing Address:

3076 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 26-1258007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, KRISTI
52 CENTIPEDE DR
CRAWFORDVILLE, FL 32327 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: P () Delete
Name: SANDERS, KRISTI
Address: 52 CENTIPEDE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP () Delete
Name: REYES, JENNIFER
Address: 41 PUEBLO TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: REYES SANDERS, PATRICIA
Address: 293 FOX HOLLOW LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

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:

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: KRISTI SANDERS

P

05/12/2009

Electronic Signature of Signing Officer or Director

Date