


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000107884

1. Entity Name
CLAUDIA'S FLORIST, INC.



Principal Place of Business Mailing Address
3700 N. HIGHWAY 19A **3700 N. HIGHWAY 19A**
MOUNT DORA FL 32757 **MOUNT DORA FL 32757**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3488706** Applied For
 Not Applicable

5. Certificate of Status Docrod **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, MICHAEL L
3700 N. HIGHWAY 19A
MOUNT DORA FL 32757

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, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST -ZIP	DP RUSSELL, MICHAEL L 3700 N. HIGHWAY 19A MOUNT DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST -ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000641878 03/01/07-80017-014 150.00
TITLE NAME STREET ADDRESS CITY- ST -ZIP	DV RUSSELL, CLAUDIA S 3700 N. HIGHWAY 19A MOUNT DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST -ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an officer like empowered.

SIGNATURE: Michael L. Russell Date: 2/16/07 Daytime Phone #: (352) 735-0012