

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107884

Entity Name: CLAUDIA'S FLORIST, INC.

FILED  
Feb 17, 2012  
Secretary of State

**Current Principal Place of Business:**

3700 N. HIGHWAY 19A  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

3700 N. HIGHWAY 19A  
MOUNT DORA, FL 32757

**New Mailing Address:**

FEI Number: 59-3488706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: RUSSELL, MICHAEL L  
Address: 3700 N. HIGHWAY 19A  
City-St-Zip: MOUNT DORA, FL 32757

Title: DV  
Name: RUSSELL, CLAUDIA S  
Address: 3700 N. HIGHWAY 19A  
City-St-Zip: MOUNT DORA, FL 32757

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL L. RUSSELL

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

D/P

02/17/2012

\_\_\_\_\_ Date