2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# P96000098180

Entity Name: CLERMONT FLORIST, INC.

Current Principal Place of Business:

151 W. HIGHWAY 50
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 121552
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 59-3215280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JOSEPH
1145 MONTEAGLE CIRCLE
APOPKA, FL 32712 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOYD, ANITA
Address: 2832 SMU BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: VSTD ( ) Delete
Name: SMITH, JOSEPH
Address: 1145 MONTEAGLE CIR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOSEPH F SMITH MR 02/22/2007

Electronic Signature of Signing Officer or Director Date