

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 671668

Entity Name: COWARD & GLISSON WHOLESALE FLORIST, INC.**Current Principal Place of Business:**16500 BURNT STORE ROAD
UNIT 109
PUNTA GORDA, FL 33955**Current Mailing Address:**16500 BURNT STORE ROAD
UNIT 109
PUNTA GORDA, FL 33955 US**FEI Number:** 59-2003865**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COWARD, MATTHEW G
16500 BURNT STORE ROAD
UNIT 109
PUNTA GORDA, FL 33955 US*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:** MATTHEW G COWARD

02/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	GLISSON, WYATT C
Address	25190 ROLAND LANE
City-State-Zip:	PUNTA GORDA FL 33955

Title	V.PR
Name	GLISSON, KAREN
Address	25190 ROLAND LANE
City-State-Zip:	PUNTA GORDA FL 33955

Title	TR
Name	GLISSON, WYATT C
Address	25190 ROLAND LANE
City-State-Zip:	PUNTA GORDA FL 33955

Title	SECT
Name	KAREN, GLISSON
Address	25190 ROLAND LANE
City-State-Zip:	PUNTA GORDA FL 33955

Title	MANAGER
Name	MATTHEW COWARD
Address	25081 ROLAND LANE
City-State-Zip:	PUNTA GORDA FL 33955

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: MATTHEW COWARD**OFFICE MANAGER**

02/20/2020

Electronic Signature of Signing Officer/Director Detail

Date