

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G31329

**Entity Name:** SHANANNE CAIN FLORIST, INC.

**Current Principal Place of Business:**

123 NORTH CENTRAL AVE.  
UMATILLA, FL 32784

**Current Mailing Address:**

P.O. BOX 1396  
UMATILLA, FL 32784

**FEI Number:** 59-2268531

**Certificate of Status Desired:** No

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

CAIN, SHANANNE C  
40520 EAST 8TH AVE  
UMATILLA, FL 32784 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	P	Title	VST
Name	CAIN, SHANANNE C	Name	CAIN, RODGER D
Address	40520 EAST 8TH AVE	Address	40520 EAST 8TH AVE
City-State-Zip:	UMATILLA FL 32784	City-State-Zip:	UMATILLA FL 32784

*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:** SHANANNE CAIN

**PRESIDENT**

**03/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date