

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000072866

**Entity Name:** MICK'S FLOWER BOX, INC.

**Current Principal Place of Business:**

203 E. NICKLAUS  
KALISPELL, MT 59901

**FILED**  
**Mar 28, 2014**  
**Secretary of State**  
**CC4267053625**

**Current Mailing Address:**

203 E. NICKLAUS  
KALISPELL, MT 59901 US

**FEI Number: 65-1129538**

**Certificate of Status Desired: No**

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

ROBERTS, GREGORY CESQ.  
341 VENICE AVE. WEST  
VENICE, FL 34285 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	PDS	Title	VTD
Name	GETTE, MICKI R	Name	ROUVET, MARIJANE D
Address	203 E. NICKLAUS	Address	105 FIELD AVE E
City-State-Zip:	KALISPELL MT 59901	City-State-Zip:	VENICE FL 34285

*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: MICKI GETTE**

**PRESIDENT**

**03/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date