

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000036593

**Entity Name:** PARK AVENUE FLORIST CORP.**Current Principal Place of Business:**347 BLANDING BLVD.  
ORANGE PARK, FL 32073**Current Mailing Address:**347 BLANDING BLVD.  
ORANGE PARK, FL 32073 US**FEI Number:** 59-2903283**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA FL 33612-3425 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	PRES
Name	WOLBERT, PAMELA J
Address	347 BLANDING BLVD.
City-State-Zip:	ORANGE PARK FL 32073

Title	CEO
Name	WOLBERT, RICHARD S
Address	347 BLANDING BLVD.
City-State-Zip:	ORANGE PARK FL 32073

Title	COO
Name	MCLEOD, MICHELLE L
Address	347 BLANDING BLVD.
City-State-Zip:	ORANGE PARK FL 32073

Title	CFO
Name	WOLBERT, JEFFREY S
Address	347 BLANDING BLVD.
City-State-Zip:	ORANGE PARK FL 32073

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:** RICHARD SWOLBERT

CEO

03/23/2016

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