

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000098180

Entity Name: CLERMONT FLORIST, INC.

Current Principal Place of Business:

487 HIGHWAY 50
CLERMONT, FL 34711

Current Mailing Address:

487 HIGHWAY 50
CLERMONT, FL 34711 US

FEI Number: 59-3215280

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, JOSEPH
1145 MONTEAGLE CIRCLE
APOPKA, FL 32712 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	VST	Title	P
Name	SMITH, JUDY A	Name	SMITH, JOSEPH F
Address	1145 MONTEAGLE CIR	Address	1145 MONTEAGLE CIR
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712

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: JOSEPH SMITH

PRESIDENT

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date