

**2015 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**

**04/18/2015**

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

\_\_\_\_\_  
Date