

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000107884

**Entity Name:** CLAUDIA'S FLORIST, INC.

**Current Principal Place of Business:**

3700 N. HIGHWAY 19A  
MOUNT DORA, FL 32757

**Current Mailing Address:**

3700 N. HIGHWAY 19A  
MOUNT DORA, FL 32757

**FEI Number:** 59-3488706

**Certificate of Status Desired:** No

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

RUSSELL, MICHAEL L  
3700 N. HIGHWAY 19A  
MOUNT DORA, FL 32757 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	DP	Title	DV
Name	RUSSELL, MICHAEL L	Name	RUSSELL, CLAUDIA S
Address	3700 N. HIGHWAY 19A	Address	3700 N. HIGHWAY 19A
City-State-Zip:	MOUNT DORA FL 32757	City-State-Zip:	MOUNT DORA FL 32757

*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:** MICHAEL L RUSSELL

**PRESIDENT/DIRECTOR**

**03/04/2015**

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

\_\_\_\_\_  
Date