## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 278841**

Entity Name: MINSHALL THE FLORIST INC

ST. PETERSBURG, FL

City-St-Zip:

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TRAL AVENU RSBURG, FL 3				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	TRAL AVENU RSBURG, FL (				
FEI Number	: 59-1034024	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and Address of	New Registered Agent:	
2920 CEN	A,MARION M TRAL AVENU RSBURG, FL (				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT ( LUCCIOLA,MA 4091 31 AVENI ST PETERSBU	UE NORTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SV ( LUCCIOLA,ALE 4091-31 AVEN ST PETERSBU	UE, NORTH	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( LUCCIOLA, MA 4091 31 AVENI ST. PETERSBU	UE NORTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D ( LUCCIOLA, AL 4091 31ST AVI		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: AMY LUCCIOLA LOVING MGR 05/01/2007