

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 278841

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: MINSHALL THE FLORIST INC

## Current Principal Place of Business:

2920 CENTRAL AVENUE  
ST PETERSBURG, FL 33712

## New Principal Place of Business:

3525 49TH ST. NO.  
ST PETERSBURG, FL 33710

## Current Mailing Address:

2920 CENTRAL AVENUE  
ST PETERSBURG, FL 33712

## New Mailing Address:

3525 49TH ST. NO.  
ST PETERSBURG, FL 33710

FEI Number: 59-1034024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUCCIOLA, MARION M  
2920 CENTRAL AVENUE  
ST PETERSBURG, FL 33712 US

## Name and Address of New Registered Agent:

LUCCIOLA, MARION M  
4091 31ST AVE. NO.  
ST PETERSBURG, FL 33713 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: MARION M LUCCIOLA

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: LUCCIOLA, MARION M,  
Address: 4091 31 AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33713 US

Title: SV ( ) Delete  
Name: LUCCIOLA, ALEXANDER,  
Address: 4091-31 AVENUE, NORTH  
City-St-Zip: ST PETERSBURG, FL 33713 US

Title: D ( ) Delete  
Name: LUCCIOLA, MARION M,  
Address: 4091 31 AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: D ( ) Delete  
Name: LUCCIOLA, ALEXANDER,  
Address: 4091 31ST AVE. NO.  
City-St-Zip: ST. PETERSBURG, FL 33713 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARION M LUCCIOLA

PT

03/31/2009

Electronic Signature of Signing Officer or Director

Date