## 2007 FOR PROFIT CORPORATION - ~. ANNUAL REPORT

## **DOCUMENT # 387518**

1. Entity Name

HERITAGE FLOWERS, INC.



FILED Feb 26, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1051 SW 6TH AVE

OCALA, FL 34474 US

1051 SW 6TH AVE OCALA, FL 34474

4474 US



02222007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1364364

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PARRISH, ROBERT H 1051 SW 6TH AVE OCALA, FL 34474

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	ered office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. {NOTE: Registe	red Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance     Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRISH, ROBERT H 1051 SW 6TH AVE. OCALA, FL 34474 STD				
TITLE NAME	PARRISH, REBA E			00000647971 03/06/07-80093-016 150.00	
STREET ADDRESS	\				
CITY-ST-ZIP	OCALA, FL 34474				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-1.0 -41		DO NOT WRITE	
TITLE NAME STREET ADDRESS				IN	THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fr 15h

2/23/07

629-818

Daytime Phone #