

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 460496

FILED  
Mar 08, 2012  
Secretary of State

Entity Name: NORTHSIDE FLORIST, INC.

**Current Principal Place of Business:**

13642 N FLORIDA AVE  
TAMPA, FL 336130215

**New Principal Place of Business:**

**Current Mailing Address:**

13642 N FLORIDA AVE  
TAMPA, FL 336130215

**New Mailing Address:**

FEI Number: 59-1559268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, ALENE S  
1016 CEDAR LAKE DRIVE  
TAMPA, FL 33612 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: THOMAS, ALENE S  
Address: 1016 CEDAR LAKE DRIVE  
City-St-Zip: TAMPA, FL 33612

Title: TD  
Name: GILBERT, KATHERINE T  
Address: 13332 MORAN DR  
City-St-Zip: TAMPA, FL 33618

Title: SD  
Name: GILBERT, DAN  
Address: 13332 MORAN DR  
City-St-Zip: TAMPA, FL 33618

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: ALENE S THOMAS

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03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date