

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 487454**

1. Entity Name  
**UNIFLORA OVERSEAS FLORIDA, INC.**



Principal Place of Business  
**27810 HAYWOD FARM RD  
OKAHUMPKA, FL 34762-9711**

Mailing Address  
**27810 HAYWOD FARM RD  
BOX 56  
OKAHUMPKA, FL 34762-9711**



02022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number<br><b>59-1623979</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**KNIGHT-CUMMINS, DIANE B.  
16400 LAKESHORE DR  
CLERMONT, FL 34711**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                              |
|----------------|------------------------------|
| TITLE          | PS                           |
| NAME           | KNIGHT-CUMMINS, DIANE B.     |
| STREET ADDRESS | 16400 LAKESHORE DR           |
| CITY-ST-ZIP    | CLERMONT, FL 34711           |
| TITLE          | V                            |
| NAME           | KNIGHT, JOHN C               |
| STREET ADDRESS | 25445 PUNKIN CENTER ROAD     |
| CITY-ST-ZIP    | HOWEY IN THE HILLS, FL 34737 |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |

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03/07/05-80039-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee 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: *Diane Knight-Cummins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Diane Knight-Cummins*

*3-4-05* *(352) 726-204*  
Date Daytime Phone #