

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 489067

FILED
Jan 13, 2007
Secretary of State

Entity Name: CLEVELAND HASSELL FLORIST, INC

Current Principal Place of Business:

1679 DREW STREET
CLEARWATER, FL 33755109 US

New Principal Place of Business:

Current Mailing Address:

1679 DREW STREET
CLEARWATER, FL 33755109 US

New Mailing Address:

FEI Number: 59-1640361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASSELL, VERNON
1679 DREW STREET
CLEARWATER, FL 33755109 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEE, BARBARA
Address: 1480 GULF BLVD 210
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: ST () Delete
Name: CORY, SHERYL
Address: 1464 PREMIER VILLAGE WAY
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: CORY, DAVID,
Address: 1464 PREMIER VILLAGE WAY
City-St-Zip: CLEARWATER, FL

Title: P () Delete
Name: HASSELL, VERNON,
Address: 647 COLLEGE HILL DR
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: MONACO, ANDREA
Address: 1637 OWEN DR
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CORY, DAVID
Address: 1464 PREMIER VILLAGE WAY
City-St-Zip: CLEARWATER, FL

Title: P (X) Change () Addition
Name: HASSELL, VERNON
Address: 647 COLLEGE HILL DR
City-St-Zip: CLEARWATER, FL

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERYL CORY

ST

01/13/2007

Electronic Signature of Signing Officer or Director

_____ Date