

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 489067

FILED  
Apr 01, 2008  
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 (X) 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: ( ) 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: SHERYL CORY

ST

04/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date