

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 489067

FILED  
Jan 04, 2011  
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:**

1679 DREW STREET  
CLEARWATER, FL 33755 US

**Current Mailing Address:**

1679 DREW STREET  
CLEARWATER, FL 33755109 US

**New Mailing Address:**

1679 DREW STREET  
CLEARWATER, FL 33755 US

**FEI Number:** 59-1640361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYONS, GARY W  
311 S. MISSOURI AVE.  
CLEARWATER, FL 33756 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: STD  
Name: CORY, SHERYL  
Address: 1464 PREMIER VILLAGE WAY  
City-St-Zip: CLEARWATER, FL 33764

Title: PD  
Name: HASSELL, VERNON  
Address: 647 COLLEGE HILL DR  
City-St-Zip: CLEARWATER, FL 33765

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: SHERYL CORY

STD

01/04/2011

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

\_\_\_\_\_  
Date