

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 511738

Entity Name: FLORIDA FLORAL SUPPLY, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

166 W. ECHO STREET (ZIP-32080)
P.O. BOX 128
PIERSON, FL 32180

New Principal Place of Business:

166 W. ECHO STREET (ZIP-32080)
PIERSON, FL 32180

Current Mailing Address:

166 W. ECHO STREET (ZIP-32080)
P.O. BOX 128
PIERSON, FL 32180

New Mailing Address:

P.O. BOX 128
PIERSON, FL 32180 US

FEI Number: 59-1677931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLL, PAMELA L
1060 E. WASHINGTON AVE.
PIERSON, FL 32180 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: PT () Delete
Name: NOLL, RICHARD H
Address: 1060 E. WASHINGTON AVE.
City-St-Zip: PIERSON, FL 32180

Title: VS () Delete
Name: NOLL, PAMELA L
Address: 1060 E. WASHINGTON AVE.
City-St-Zip: PIERSON, FL 32180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PAM NOLL

VS

04/20/2009

Electronic Signature of Signing Officer or Director

Date