

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 543222

FILED
Feb 01, 2012
Secretary of State

Entity Name: J.A. FLOWER SERVICE, INC.

Current Principal Place of Business:

2003 NW 70TH AVENUE
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 678
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 59-1734173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICHOLASON, JOHN J
3446 SW ARMELLINI AVE.
PALM CITY, FL 34990 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: CD
Name: ARMELLINI, JULES
Address: 3446 SW ARMELLINI AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: PD
Name: ARMELLINI, DAVID
Address: 3446 SW ARMELLINI AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: STD
Name: NICHOLASON, JOHN J
Address: 3446 SW ARMELLINI AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: V
Name: DRURY, JEFFREY B
Address: 3446 SW ARMELLINI AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: V
Name: DUSHARM, DEREK
Address: 3446 SW ARMELLINI AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: V
Name: ARMELLINI, RICHARD
Address: 3446 SW ARMELLINI AVENUE
City-St-Zip: PALM CITY, FL 34990

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: JOHN J. NICHOLASON

STD

02/01/2012

Electronic Signature of Signing Officer or Director

Date