

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 549062

Entity Name: JMS FLOWER FARMS, INC.

FILED
Mar 25, 2008
Secretary of State

Current Principal Place of Business:

4423 5TH PL SW
VERO BEACH, FL 32968

New Principal Place of Business:

Current Mailing Address:

4423 5TH PL SW
VERO BEACH, FL 32968

New Mailing Address:

FEI Number: 59-1801968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, JEFFREY L
4423 5TH PLACE SW
VERO BEACH, FL 32968 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: TD () Delete
Name: SIMONS, SHARON,
Address: 1105 25TH AVE
City-St-Zip: VERO BEACH, FL

Title: VPD () Delete
Name: SIMONS, JOHN E
Address: 1105 25TH AVE
City-St-Zip: VERO BEACH, FL

Title: PD () Delete
Name: SIMONS, JEFFREY L
Address: 4423 5TH PLSW
City-St-Zip: VERO BEACH, FL 32968

Title: SD () Delete
Name: SIMONS, C. MARLA
Address: 4423 5TH PL SW
City-St-Zip: VERO BEACH, FL 32968

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:

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: JEFFREY L SIMONS

PD

03/25/2008

Electronic Signature of Signing Officer or Director

Date