

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90021 050 ***150.00

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1. Entity Name

MATTERN FLORAL, INC.



Principal Place of Business

**1416 OLD OKEECHOBEE RD.
WEST PALM BEACH FL 33401**

Mailing Address

**1416 OLD OKEECHOBEE RD.
WEST PALM BEACH FL 33401**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E034 (10/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1830393

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOULE, JOSEPH D
1416 OLK OKEECHOBEE RD
W PALM BCH FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title. (Indicate title.)

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOULE, JOSEPH D
STREET ADDRESS 124 EBBTIDE DR.
CITY-ST-ZIP NO PALM BCH FL ☐ Delete

TITLE D
NAME SOULE, JENNIFER R
STREET ADDRESS 124 EBBTIDE DR.
CITY-ST-ZIP NO PALM BCH FL ☐ Delete

TITLE STV
NAME SOULE, JENNIFER R
STREET ADDRESS 124 EBBTIDE DR.
CITY-ST-ZIP NO PALM BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SOULE, JOSEPH D
STREET ADDRESS 1229 YACHT HARBOUR DR
CITY-ST-ZIP SINGER ISLAND, FL 33404 ☒ Change ☐ Addition

TITLE D
NAME SOULE, JENNIFER R
STREET ADDRESS 1229 YACHT HARBOUR DR
CITY-ST-ZIP SINGER ISLAND, FL 33404 ☒ Change ☐ Addition

TITLE STV
NAME SOULE, JENNIFER R
STREET ADDRESS 1229 YACHT HARBOUR DR
CITY-ST-ZIP SINGER ISLAND, FL 33404 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE

Jennifer R Soule Jennifer R SOULE Sec/TREAS 3/27/08 561-833-3396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone