

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 583552

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: ALTAMONTE SPRINGS FLORIST, INC.

## Current Principal Place of Business:

801 W. SR 436  
#1005  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

## Current Mailing Address:

801 WEST SR 436  
#1005  
ALTAMONTE SPRINGS, FL 32701 US

## New Mailing Address:

801 W. SR 436  
#1005  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-1845399

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEDLOW, KENNETH C PRES  
801 W. SR 436  
STE. 1005  
ALTAMONTE SPRINGS, FL. K, FL 32714 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: PD ( ) Delete  
Name: PEDLOW, KENNETH C PRES  
Address: 118 COUNTRYSIDE DR.  
City-St-Zip: LONGWOOD, FL 32779 US

Title: STD ( ) Delete  
Name: TERRI, A P S/T  
Address: 118 COUNTRYSIDE DR.  
City-St-Zip: LONGWOOD, FL 32779 US

Title: VD ( ) Delete  
Name: ROSS, LOUIS G VP  
Address: 540-206 CRANES WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: PEDLOW, TERRI A S/T  
Address: 118 COUNTRYSIDE DR.  
City-St-Zip: LONGWOOD, FL 32779 US

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: LOUIS G ROSS

VP

02/23/2009

Electronic Signature of Signing Officer or Director

Date