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Secretary of State

03-27-2006 90276 015 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 593050

1. Entity Name
WARREN'S FLORIST, INCORPORATED



Principal Place of Business
**2500 SUNSET POINT ROAD
CLEARWATER, FL 34625**

Mailing Address
**2500 SUNSET POINT ROAD
CLEARWATER, FL 34625**

DO NOT WRITE IN THIS SPACE



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1855932

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WARREN, MARCIA
1195 LINDENWOOD DR
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees.**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | P |
| NAME | WARREN, MARCIA A |
| STREET ADDRESS | 1175 LINDENWOOD DR |
| CITY - ST - ZIP | TARPON SPRINGS, FL 34689 |
| TITLE | D |
| NAME | WARREN, ROBERT L |
| STREET ADDRESS | 1175 LINDENWOOD DR |
| CITY - ST - ZIP | TARPON SPRINGS, FL 34689 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marcia A. Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06
Date

727 799 1960
Daytime Phone #

Marcia A. Warren