



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90134 035 \*\*\*150.00

<b>DOCUMENT # F27467</b> 1. Entity Name <b>JACKSONVILLE FLORISTS DELIVERY POOL, INC.</b>					
Principal Place of Business <b>C/O B. STEVE COX 7130 MERRILL RD JACKSONVILLE, FL 32277 US</b>			Mailing Address <b>C/O B. STEVE COX 7130 MERRILL RD JACKSONVILLE, FL 32277 US</b>		
2. Principal Place of Business <del>7130 Merrill Rd</del> <b>7270 Lem Turner</b>		3. Mailing Address <b>7270 Lem Turner Rd.</b>			
Suite, Apt. #, etc. <b>7270 Lem Turner</b>		Suite, Apt. #, etc. 		03122006    Chg-P    CR2E034 (11/05)	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville FL</b>		4. FEI Number <b>59-2373606</b>	
Zip <b>32208</b>		Country <b>DUVAL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32208</b>		Country <b>DUVAL</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>B. STEVE COX C/O ARLINGTON FLOWER SOP 7130 MERRILL ROAD JACKSONVILLE, FL 32277</b>				7. Name and Address of New Registered Agent Name: <b>CARL L. VARNES</b> Street Address (P.O. Box Number is Not Acceptable): <b>7270 Lem Turner Rd. Hurst Florist</b> City: <b>Jacksonville</b> FL    Zip Code: <b>32208</b>	
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: <u><i>Carl L. Varnes</i></u> DATE: <u><i>3/16/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>P</b> <input type="checkbox"/> Delete <b>LAMEE, RICHARD</b> <b>1516 ATLANTIC BLVD</b> <b>JACKSONVILLE, FL 32207</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>V</b> <input type="checkbox"/> Delete <b>VARNES, JOAN</b> <b>7270 LEMTURNER RD</b> <b>JACKSONVILLE, FL 32208</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>TD</b> <input checked="" type="checkbox"/> Delete <b>COX, B S</b> <b>7130 MERRILL ROAD</b> <b>JACKSONVILLE, FL</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	<b>TD CARL L. VARNES</b> <b>7270 Lem Turner Rd</b> <b>JACKSONVILLE, FL 32208</b>		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 line empowered.					
SIGNATURE: <u><i>Carl L. Varnes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u><i>3/16/06</i></u> DAYTIME PHONE: <u><i>904-765-5576</i></u>			