

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # F27467

1. Entity Name
JACKSONVILLE FLORISTS DELIVERY POOL, INC.



Principal Place of Business C/O B. STEVE COX 7270 LEM TURNER JACKSONVILLE, FL 32208 US	Mailing Address C/O B. STEVE COX 7270 LEM TURNER JACKSONVILLE, FL 32208 US
----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03082007 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 59-2373606	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

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

6. Name and Address of Current Registered Agent

**VARNES, CARL L
7270 LEM TURNER RD
JACKSONVILLE, FL 32208**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input type="checkbox"/> Delete
NAME	LAMEE, RICHARD	
STREET ADDRESS	1516 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	VARNES, JOAN	
STREET ADDRESS	7270 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VARNES, CARL L	
STREET ADDRESS	7270 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000681428
CITY-ST-ZIP	04/04/07-80042-018 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 like empowered.

SIGNATURE: *Carl L Varnes* **CARL L VARNES**

3-26-07 904-765-5576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #